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RIPON & PATELEY BRIDGE RURAL DISTRICT COUNCIL



ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE

Year ending 31st December, 1962



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RIPON & PATELEY BRIDGE RURAL DISTRICT COUNCIL

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Chairman of the Council:
COUNCILLOR D. CHALMERS, J.P.

Vice-Chairman of the Council:
COUNCILLOR J.A. GILL, J.P.

Chairman of the Public Health and Planning Committee:
COUNCILLOR G. GILL

Chairman of the Housing Committee:
COUNCILLOR A. RENTON

Members of the Public Health and Planning Committee:

COUNCILLOR D. CHALMERS, J.P. (Ex-Officio)

" P. ATKINSON
" A. BELL
" J.C. BOWEN
" A. BROOK
" B. BROWN
" W.C. COATES
" H. DAVIES
" G.B. DEACON
" A.E. DIXON
" MAJOR E.B. ECCLES, C.C.
" THE REV. H.D. ELLINGFORD
" J.A. GILL, J.P.
" W. HACKNEY
" J.H. HOWELL+
" D.G. LEONARD
" J. LOVE
" H. LOVCOCK
" C. NICHOLL
" J.G. PLTTY
" A. RENTON
" L.A. RICHMOND
" W. RICHMOND
" C.H. SHAW
" A. WORSNOP

RIPON & PATILLY BRIDGE RURAL DISTRICT COUNCIL

PUBLIC HEALTH STAFF

Medical Officer of Health:

N.V. HEPPLE, M.D., D.P.H.
(Also W.R.C.C. Divisional Medical Officer and M.O.H.,
Harrogate B., Ripon City, Knaresborough U.D. and
Nidderdale R.D.).

Deputy Medical Officer of Health:

MARY PULLAN, B.Sc., M.B., Ch.B., D.Obst. R.C.O.G.

Public Health Inspector:

N.W. KIRK, Cert.S.I.B., A.R.S.H.
Diploma of R.S.I., and S.I.J.E.B.

Part-time Additional Public Health Inspector:

F.R. SMITH, C.R. San. I., Cert. Insp. of Meat.

Clerical Staff:

MRS. E. GRANT

MRS. S. LUPTON

MR. I. FORBES

RIPON & PATELEY BRIDGE RURAL DISTRICT

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

for the year ended 31st December, 1962

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present for your consideration the Annual Report for the Year 1962 on the work of your Health Department and the health of your area.

With the exception of measles, the infectious diseases gave little trouble during the year, although the area was on the fringe of the smallpox outbreak in the West Riding in January.

Mr. Kirk bore the brunt of the public health inspection, ably seconded by Mr. Smith in a part-time capacity. I am very grateful to both of them for the way they carried your Department through a most difficult period.

Mr. Parker took up his duties as your Chief Public Health Inspector in April, 1963, and is already making his presence felt in the district.

The Council has continued its policy of modernising the sewage arrangements in the district and has continued to build houses to replace the unfit ones.

Progress was made on the scheme to provide accommodation for elderly people with a warden service in Pateley Bridge and we hope to see this as a going concern during 1963.

The Report contains as usual the details of the health services provided by the County Council.

Finally, I must express my gratitude to the members of the Council and their officers for their kindness and help at all times.

I have the honour to be

Your obedient Servant,

N.V. HEPPLER.

Medical Officer of Health.

SECTION A

STATISTICS

Registrar-General's estimate of Population (mid 1961) ..	13,280
Area (in acres)	124,861
Number of inhabited houses (according to the Rate Book)	3,885
Rateable value 1st April, 1962	£174,905
Sum represented by a penny rate 1/4/62	£705/4/7
Number of Parishes	40

SOCIAL CONDITIONS OF THE AREA

Ripon & Pateley Bridge Rural District is a large area consisting of the old Ripon Rural area together with the Pateley Bridge Rural District. The former consists of low lying land around Ripon City, whilst the latter embraces the upper parts of Nidderdale together with the extensive surrounding tracts of high land. It contains the town of Pateley Bridge. The whole area is agricultural in character.

EXTRACT FROM VITAL STATISTICS FOR THE YEAR 1962

LIVE BIRTHS

					<u>Total</u>	<u>Male</u>	<u>Female</u>
Legitimate .. .. .	..	..	..	..	187	95	92
Illegitimate .. .. .	..	..	..	..	10	5	5
			TOTAL	..	<u>197</u>	<u>100</u>	<u>97</u>

Crude birth rate per 1,000 population: 14.89
 Adjusted birth rate 18.21
 COMPARABILITY FACTOR 1.23

STILL BIRTHS

					<u>Total</u>	<u>Male</u>	<u>Female</u>
Legitimate .. .. .	..	..	..	..	3	-	3
Illegitimate .. .. .	..	..	..	..	-	-	-
			TOTAL	..	<u>3</u>	<u>-</u>	<u>3</u>

Still birth rate per 1,000 total (live and still) births: 15.00

DEATHS

	<u>Total</u>	<u>Male</u>	<u>Female</u>
--	--------------	-------------	---------------

	132	82	50
--	-----	----	----

Crude death rate per 1,000 population 9.98

Adjusted death rate 10.68

COMPARABILITY FACTOR 1.07

MATERNAL MORTALITY:

	<u>Deaths</u>	<u>Rates per 1,000 Total Births</u>
Puerperal Sepsis	0	0.00
Other maternal causes	0	0.00
TOTAL ..	<u>0</u>	<u>0.00</u>

INFANTILE MORTALITY:

	<u>Total</u>	<u>Male</u>	<u>Female</u>
Legitimate	2	1	1
Illegitimate	-	-	-
TOTAL	<u>2</u>	<u>1</u>	<u>1</u>

Death rate of infants under one year of age:-

All infants per 1,000 live births 10.15

Legitimate infants per 1,000 legitimate births 10.69

Illegitimate infants per 1,000 illegitimate
births 0.00

Deaths from Measles (all ages) 0

Deaths from Whooping Cough (all ages) 0

Deaths from Cancer (all sites) 23

NOTES ON VITAL STATISTICS

BIRTHS

After rising for some years the birth rate of 18.2 shows a fall from last year's figure and is about the same as the national rate.

DEATHS

The adjusted death rate of 10.68 is lower than the national rate of 11.9 and compares favourably with the rate for 1961, which was 12.4.

The principal causes of death in 1962 were:-

Cancer and other new growth	23
Coronary disease and angina	20
Other heart and circulatory disease	37
Vascular lesions of the nervous system	20
Bronchitis and pneumonia	12

These causes were responsible for about four fifths of the total deaths.

NATURAL INCREASE OF POPULATION

The number of births exceeded the number of deaths by 65.

INFANTILE MORTALITY

There were 5 deaths of children under 1 year of age. Two of these occurred during the first four weeks of life, one of which was under 1 week.

The Infantile Mortality rate of 25.38 compares with 16.46 for 1961.

TABLE I

					Male	Female	Total
Days	0 - 1	..	..	..	-	1	1
	- 7	..	..	..	-	-	-
	-14	..	..	..	1	-	1
	-31	..	..	..	-	-	-
Months	- 6	..	..	..	2	1	3
	-12	..	..	..	-	-	-
TOTAL UNDER ONE YEAR					3	2	5

The causes of death can be listed as follows:-

Brain Injury	1
Infection	1
Congenital abnormality	2
Accidental death	1

CAUSES OF DEATH

REGISTRAR-GENERAL'S RETURN

TABLE II

						1 9 6 2		
						Male	Female	Total
1.	Tuberculosis, respiratory	..	..	..	..	-	-	-
2.	Tuberculosis, other	..	..	..	..	-	-	-
3.	Syphilitis disease	..	..	..	..	-	-	-
4.	Diphtheria	..	..	..	..	-	-	-
5.	Whooping cough	..	..	..	..	-	-	-
6.	Meningococcal infections	..	..	..	..	-	-	-
7.	Acute poliomyelitis	..	..	..	..	-	-	-
8.	Measles	..	..	..	..	-	-	-
9.	Other infective and parasitic diseases	..	..	..	..	-	-	-
10.	Malignant neoplasm, stomach	..	..	..	..	3	-	3
11.	Malignant neoplasm, lung, bronchus	..	..	..	..	4	-	4
12.	Malignant neoplasm, breast	..	..	..	..	-	1	1
13.	Malignant neoplasm, uterus	..	..	..	..	-	1	1
14.	Other malignant and lymphatic neoplasms	..	..	..	..	8	6	14
15.	Leukaemia, aleukaemia	..	..	..	..	-	-	-
16.	Diabetes	..	..	..	..	4	-	4
17.	Vascular lesions of nervous system	..	..	..	..	8	12	20
18.	Coronary Disease, angina	..	..	..	..	15	5	20
19.	Hypertension with heart disease	..	..	..	..	1	6	7
20.	Other heart disease	..	..	..	..	10	6	16
21.	Other circulatory disease	..	..	..	..	10	4	14
22.	Influenza	..	..	..	..	-	-	-
23.	Pneumonia	..	..	..	..	4	2	6
24.	Bronchitis	..	..	..	..	6	-	6
25.	Other diseases of respiratory system	..	..	..	..	-	-	-
26.	Ulcer of stomach and duodenum	..	..	..	..	1	-	1
27.	Gastritis, enteritis and diarrhoea	..	..	..	..	-	1	1
28.	Nephritis and nephrosis	..	..	..	..	-	-	-
29.	Hyperplasia of prostate	..	..	..	..	2	-	2
30.	Pregnancy, childbirth, abortion	..	..	..	..	-	-	-
31.	Congenital malformations	..	..	..	..	1	1	2
32.	Other defined and ill-defined diseases	..	..	..	..	3	2	5
33.	Motor vehicle accidents	..	..	..	..	-	1	1
34.	All other accidents	..	..	..	..	1	2	3
35.	Suicide	..	..	..	..	1	-	1
36.	Homicide and operations of war	..	..	..	..	-	-	-
TOTAL						82	50	132

GENERAL PROVISION OF HEALTH SERVICES
FOR THE AREA

PUBLIC HEALTH OFFICERS OF THE AUTHORITY

The Medical Officer of Health also serves the Borough of Harrogate, the City of Ripon, Knaresborough Urban District and Nidderdale Rural District in a similar capacity. As Divisional Medical Officer for the West Riding County Council he is responsible for the day to day administration of the County Health Services for the area.

The Chief Public Health Inspector resigned on 30th September, 1961, and since that date the Additional Public Health Inspector has been carrying on the work with some part-time help. This can only be a temporary arrangement, for if the district is to be properly served, at least two full-time inspectors are necessary.

HEALTH SERVICES PROVIDED BY
THE RURAL DISTRICT COUNCIL

MORTUARY

The Council provides a mortuary and post-mortem room at Pateley Bridge. 8 bodies were admitted during 1962.

NATIONAL ASSISTANCE ACT, 1948. SECTION 47

No action was taken.

HEALTH SERVICES PROVIDED BY THE COUNTY COUNCIL

REPORT OF DIVISIONAL MEDICAL OFFICER FOR 1962
DIVISION NO. 7

CONTENTS

1. General.
2. Divisional Staff
3. School Health Service
4. Speech Therapy
5. Cardiac Clinic
6. Child Guidance Clinic
7. Care of Mothers and Young Children
8. Paediatric Clinic
9. Midwifery
10. Health Visiting
11. Home Nursing
12. Vaccination and Immunisation
13. B.C.G. Vaccination
14. Mental Health
15. Home Help Service
16. Prevention of Illness, Care and After-Care
17. Chiropody
18. Registration of Nursing Homes
19. Registration of Old People's Homes
20. Children Neglected or Ill-treated
21. Medical Examination of Staff, etc.

1. GENERAL

The estimated populations of the areas are as follows:-

HARROGATE BOROUGH	56,790
RIPON CITY	10,540
KNARESBOROUGH URBAN DISTRICT ..	9,360
NIDDERDALE RURAL DISTRICT	15,900
RIPON & PATELEY BRIDGE RURAL DISTRICT	13,230
TOTAL	<u>105,820</u>

The Division in its western part consists of the upland country lying to the south west of the River Ure and containing the upper part of Nidderdale. The eastern part is flat country in the plain of York bounded on the north east by the Rivers Ure and Ouse and containing the lower part of the River Nidd.

Harrogate stands in rolling country to the south and west of the Nidd. It has been known as a Spa for a long period and is now a busy conference and holiday centre which provides pleasant residential surroundings. It is becoming increasingly an administrative centre for large commercial organisations.

The City of Ripon is an ancient market town in the valley of the Ure. It is the centre for a large rural area around, and manufactures paint and concrete products.

Knareborough is an attractive holiday centre situated on the Nidd in that part of its course where it flows in a limestone gorge of considerable beauty. It is also a market town and shopping centre for a large and populous rural area and has a large weekly market.

Ripon & Pateley Bridge Rural District and Nidderdale Rural District are both large agricultural areas with numerous villages. The former contains the small town of Pateley Bridge in the valley of the Nidd which is the administrative centre of the district.

2. DIVISIONAL STAFF

MEDICAL OFFICERS:

N.V. Hepple, M.D., B.S., B.Hy., D.P.H., Divisional Medical Officer.

Sheila F. Schofield, M.B., Ch.B., D.C.H., D.P.H., Senior Assistant County Medical Officer.

Mary Pullan, B.Sc., M.B., Ch.B., D.Obst. R.C.O.G., Senior Assistant County Medical Officer.

P.A.G.M. Ashmore, M.R.C.S., L.R.C.P., Assistant County Medical Officer.

A.W.I. Hall, M.B., B.Chir., Assistant County Medical Officer.

+ L.J. Prosser, M.B., Ch.B., D.C.H. Paediatrician.

+ J.E. Rees, M.R.C.S., L.R.C.P., D.L.O., Ear Nose and Throat Specialist.

- H. Petty, F.R.C.S., Orthopaedic Surgeon.

+ T.S. Severs, M.D., B.S., M.R.C.S., Ophthalmologist.

- W.S. Suffern, M.D., M.R.C.P., Cardiologist,

+ Elizabeth Gore, M.D., D.P.M. Psychiatrist, Child Guidance Clinic

Sybil Burton, M.B., Ch.B.	)	Clinic doctors
Anastasia Holroyd, M.A., M.B., B.S.	)	working on a
Katherine H. Odling-Smee, M.B., Ch.B.	)	sessional basis
Marjorie Parsons, M.B., Ch.B.)	

CHILD GUIDANCE STAFF (Part-time)

County Psychologist	1
Psychiatric Social Worker	1
Remedial Teacher	1
Clerical	1

OPHTHALMIC CLINIC

+ Orthoptist 1

MENTAL HEALTH SERVICE

Senior Mental Welfare Officer	1
Mental Welfare Officers	3
Harrogate Training Centre	6

DENTAL OFFICERS

Miss M.M. Thom, L.D.S.	1
Mr. M. Hattan, L.D.S.	1
Mr. B. Ely, L.D.S. (Part-time)	1
Miss Sclare, L.D.S., Part-time, Orthodontic Consultant)	1
Mr. K. Cowell, L.D.S.	1

SPEECH THERAPIST 1

NURSING STAFF

Divisional Nursing Officer	1
Health Visitors who are also School Nurses	16
Health Visitors employed on Hospital Liaison duties	1
Tuberculosis Health Visitor	1
Assistant Health Visitor (Part-time)	1
Home Nurses	11
Home Nurse (Part-time)	1
Assistant Home Nurse	1
Home Nurse Midwives	12
Midwives	2

ADMINISTRATIVE

Chief Clerks (1 Harrogate Area, 1 Ripon Area)	2
Clerical	17

SALE OF FOOD ASSISTANT

Part-time	1
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DENTAL ATTENDANTS

5

ALBANY AVENUE DAY NURSERY

Nursing Staff	6
Domestic Staff	3

HOME HELPS

Whole-time	-
Part-time	180

DOMESTIC STAFF, ETC.

Cleaners, part-time	9
Gardener, part-time	1
Meals Assistant, Harrogate Training Centre	1
Esports, Harrogate Training Centre	3
Caretaker, Harrogate Training Centre	1

→ Part-time from Regional Hospital Board.

3. SCHOOL HEALTH SERVICE

With the amalgamation of the two former divisions the opportunity has been taken to reorganise the staffing arrangements for the school medical inspection. The position has improved since the last report but medical inspection is still somewhat in arrears.

A. PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By years of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected			
		SATISFACTORY		UNSATISFACTORY	
		No.	% of Col. 2	No.	% of Col. 2
1958 and later	-	-	-	-	-
1957	481	481	100%	-	-
1956	615	614	99.84%	1	0.16%
1955	542	542	100%	-	-
1954	415	414	99.86%	1	0.14%
1953	251	251	100%	-	-
1952	164	164	100%	-	-
1951	169	169	100%	-	-
1950	167	167	100%	-	-
1949	96	96	100%	-	-
1948	255	255	100%	-	-
1947 and earlier	457	457	100%	-	-
TOTAL	3,612	3,610	99.94%	2	0.06%

B. PUPILS FOUND TO REQUIRE TREATMENT AT PERIODICAL MEDICAL INSPECTIONS. (Excluding Dental Diseases and Infestation with Vermin).

Age groups Inspected (by years of birth)	For defective Vision (excluding squint)	For any of the other conditions recorded in Part II	Total Individual Pupils
1958 and later	-	-	-
1957	10	63	71
1956	20	51	66
1955	16	69	80
1954	22	34	51
1953	11	23	32
1952	9	4	13
1951	6	8	12
1950	18	15	27
1949	10	7	15
1948	13	8	21
1947 and earlier	14	17	31
TOTAL	149	299	419

C. OTHER INSPECTIONS

Number of Special Inspections	..	..	568
Number of re-inspections	..	..	<u>347</u>
TOTAL			<u>915</u>

D. INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by School nurses or other authorised persons	..	..	18,688
(b) Total number of individual pupils found to be infested	..	..	96
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)			13
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)			-

E. PERIODIC INSPECTIONS

DEFECT CODE NO.	DEFECT OR DISEASE	PERIODIC INSPECTIONS						TOTAL (T) (C)	
		ENTRANTS		LEAVERS		OTHERS			
		(T)	(C)	(T)	(C)	(T)	(C)	(T)	(C)
4.	Skin	10	20	3	15	16	29	29	64
5.	Eyes -								
	a. Vision	30	101	28	104	91	169	149	374
	b. Squint	7	11	1	2	6	30	14	43
	c. Other ..	7	7	-	12	7	8	14	27
6.	Ears								
	a. Hearing	6	44	2	15	9	47	17	106
	b. Otitis Media	-	5	-	4	7	20	7	29
	c. Other	4	1	-	-	4	1	8	2
7.	Nose and Throat	18	72	2	17	18	97	38	186
8.	Speech . ..	12	34	1	2	8	31	21	67
9.	Lymphatic Glands ..	1	8	-	-	-	9	1	17
10.	Heart ..	-	25	-	16	3	48	3	89
11.	Lungs ..	3	50	-	14	5	66	8	130
12.	Developmental -								
	a. Hernia	-	6	-	1	-	8	-	15
	b. Other	7	22	1	22	7	66	15	110
13.	Orthopaedic -								
	a. Posture	1	9	-	18	8	25	9	52
	b. Feet	16	31	4	11	7	28	27	70
	c. Other	2	6	3	16	3	12	8	34
14.	Nervous System-								
	a. Epilepsy	1	2	1	2	3	8	5	18
	b. Other	16	36	2	8	12	31	30	75
15.	Psychological-								
	a. Develop- ment	5	10	-	10	4	23	9	43
	b. Stability	-	27	1	8	3	41	4	76
16.	Abdomen ..	3	2	-	2	7	5	10	9
17.	Other ..	5	8	3	3	14	6	22	17

(T) Treatment (O) Observation

F. SPECIAL INSPECTIONS

CODE NO.	DEFECT OR DISEASE	SPECIAL INSPECTIONS	
		REQUIRING TREATMENT	REQUIRING OBSERVATION
4.	Skin	-	-
5.	Eyes -		
	a. Vision ..	8	55
	b. Squint ..	1	4
	c. Other ..	1	3
6.	Ears -		
	a. Hearing ..	2	8
	b. Otitis Media ..	-	2
	c. Other ..	-	-
7.	Nose and Throat .	3	11
8.	Speech	12	11
9.	Lymphatic Glands	-	-
10.	Heart	1	10
11.	Lungs	-	8
12.	Developmental -		
	a. Hernia ..	-	1
	b. Other ..	-	14
13.	Orthopaedic -		
	a. Posture ..	-	4
	b. Feet ..	2	11
	c. Other ..	10	2
14.	Nervous System -		
	a. Epilepsy ..	4	4
	b. Other ..	3	2
15.	Psychological -		
	a. Development ..	28	13
	b. Stability ..	10	11
16.	Abdomen ..	-	-
17.	Other	3	-

GROUP 1

EYE DISEASES, DEFECTIVE VISION AND SQUINT

	NUMBER OF CASES KNOWN TO HAVE BEEN DEALT WITH
External and other, excluding errors of refraction and squint	-
Errors of refraction (including squint)	675
TOTAL	675
Number of Pupils for whom spectacles were prescribed ..	423

GROUP 2

DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	NUMBER OF CASES KNOWN TO HAVE BEEN DEALT WITH
-	
Received operative treatment -	
(a) for diseases of the ear ..	-
(b) for adenoids and chronic tonsillitis	90
(c) for other nose and throat conditions	2
Received other forms of treatment	15
TOTAL ..	107

Total number of pupils in schools who are known to have been provided with hearing aids

(a) in 1962 2
 (b) in previous years 12

GROUP 3.

ORTHOPAEDIC AND POSTURAL DEFECTS.

Number of pupils known to have been treated at clinics or out-patient departments	17
Pupils treated at school for postural defects	-

GROUP 4

DISEASES OF THE SKIN (Excluding uncleanliness)

	NUMBER OF CASES TREATED OR UNDER TREATMENT DURING THE YEAR BY THE AUTHORITY
Ringworm - i. Scalp ..	1
ii. Body ..	-
Scabies	-
Impetigo	5
Other skin diseases ..	67
TOTAL ..	73

GROUP 5

CHILD GUIDANCE TREATMENT

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority .	85
---	----

GROUP 6

SPEECH THERAPY

Number of pupils treated by Speech Therapists under arrangements made by the Authority	114
--	-----

GROUP 7

OTHER TREATMENT GIVEN

	NUMBER OF CASES TREATED OR UNDER TREATMENT DURING THE YEAR BY THE AUTHORITY
(a) Number of cases of miscellaneous minor ailments treated by the Authority	380
(b) Pupils who received convalescent treatment under School Health Service arrangements ..	3
(c) Pupils who received B.C.G. Vaccination	550
(d) Ultra Violet Ray treatment	8
(e) Cardiac Clinic	174
(f) Verminous Heads ..	-

HANDICAPPED PUPILS

These are pupils who need special educational treatment either at an ordinary school or in a special school because of physical or mental disability.

170 children were registered as handicapped pupils at the end of 1962.

The children were classified in the following categories:-

	In ordinary school	In special school	Not attending school	Home tuition
Blind	-	1	-	-
Partially sighted	-	4	1	-
Deaf	-	10	-	-
Partially deaf	2	1	1	-
Maladjusted	5	8	-	-
Physically handicapped ..	16	6	5	2
Educationally sub-normal ..	71	29	1	-
Epileptic	-	2	-	-
Delicate	2	2	-	-
Double defect	1	-	-	-
TOTAL	<u>97</u>	<u>63</u>	<u>8</u>	<u>2</u>

The types of school attended were as follows:-

Special schools for blind children	1
" " " partially sighted children	4
" " " deaf children	10
" " " partially deaf children	1
" " " maladjusted children	8
" " " physically handicapped children	6
" " " educationally sub-normal children	29
" " " epileptic children	2
" " " delicate children	2
TOTAL	<u>63</u>

4. SPEECH THERAPY.

The Speech Therapist attends at Dragon Parade and Ripon Clinics. 67 new cases were treated during the year, and the treatment of 47 others was continued.

28 visits were paid to schools and 29 domiciliary visits were made.

TREATMENT GIVEN

Defects of articulation	104
Defects due to educational subnormality ..	1
Defect due to deafness	-
Retarded speech development	9

RESULTS

Discharged with normal speech	46
" with improved speech	13
" unsuitable for treatment	1
" as non co-operative	1
" left school	4
" left the district	<u>21</u>
Total discharges	<u>86</u>

I am indebted to Miss M.P. Dunkley for the following report on speech therapy for the year 1962:-

All types of Speech Defects show a tendency to appear more frequently among boys than among girls, but stammering is a problem faced mainly by boys. The following figures show the ratio of boys and girls with speech defects, during the past seven years in the Harrogate Division alone:-

	<u>BOYS</u>	<u>GIRLS</u>
1956	42	12
1957	57	11
1958	42	13
1959	51	16
1960	51	20
1961	44	14
1962	46	12

Speech defects dealt with in the School Clinic fall roughly into two groups: (a) Defects of articulation, (b) Stammering; the latter being a Speech Disorder of nervous origin. The cases of defective articulation have varied from simple Dyslalia (one or two faulty sounds) to gross Dyslalia, with many substitutions and elisions.

Occasionally we get a case of Alalia, when there has been no development of speech at the expected age. The main causes of which are:

(1) Deafness (2) Mental retardation, or (3) Emotional factors.

Since a child acquires his speech in the home through casual training, it is very important for him to have a good pattern; one which does not have to be relearned later, e.g. 'Baby talk'. He must also have the right

stimulus; Rhymes and Jingles play an important part in the development of speech in the infant. Unfortunately, I am finding that these are not used sufficiently now-a-days in the home.

Although I am not qualified to state whether or not it is right for a mother to be out at work during the day, if she has children of pre-school age - I do feel most strongly that mothers who are there to help the infant up the ladder of speech development, e.g. at the Babbling and Repetitive stages (1-3 years), are far less likely to have children with speech defects.

Stammerers are always a challenge, but a very worth while one. It is most important to start treatment as early as possible in order to prevent the onset of the Secondary Stage. If however this stage has been allowed to develop, we are faced with a much more complicated pattern. The resultant feeling of insecurity and inadequacy produce hypertension, which in some cases is painful to see.

A child with a speech defect or disorder, is deprived of one of its most natural forms of self-expression. It is therefore easy to see how the personality of such children can be affected. The Speech Therapist must have a thorough understanding of human nature, and a most important part of her work is to help the child to adjust his personality to a positive attitude to his difficulties, and give him a desire to cure himself.

Stammerers tend to have reversions at particular stages in their school life, e.g. (a) when learning to read, (b) at the Grammar School Entrance stage, and (c) those who pass on to Grammar Schools, at the G.C.E. 'O' and 'A' level periods of their academic career.

The help given to the Speech Therapist by the Health Visitors is invaluable. They are in constant touch with the pre-school child. Suspected cases of hearing loss are being detected at an early age, by Health Visitors especially trained to do this. An Audiometer should be considered necessary equipment in every speech clinic - or failing this there should be one available for the use of the Speech Therapist.

Home and School visiting play an important part in our work. Most teachers are only too anxious to help, and are always on the alert to discover the children who require specialised help. I think that many of the minor speech defects could well be dealt with by the Infants Class Teacher, if she had some special training at college to equip her for this. A short course given by an experienced Speech Therapist in every Teacher's Training College, would be a great stride in this direction.

During my thirteen years as a Speech Therapist under the West Riding County Council, I have had the privilege of giving numerous talks to Parent Teachers' Associations, Young Wives Groups and similar organisations. These have given me excellent opportunities to help both the teachers and the parents, who have children with speech difficulties.

5. CARDIAC CLINIC

174 children made 220 attendances during 1962. 18 new cases were referred by Dr. L.J. Prosser, Paediatrician, School Medical Officers following medical inspections, and General Practitioners. 2 of these new cases were from the Horsforth Division and 5 from the Wetherby Division. The diagnosis of the new cases was as follows:-

Inter ventricular septal defect	1
Ventricular septal defect and pulmonary stenosis	1
For further investigation	15
Discharged	<u>1</u>
	<u>18</u>

Cardiac Catheterisation was carried out on 2 children at Harrogate General Hospital and 3 children at Leeds General Infirmary.

During the year 2 children were admitted to Leeds General Infirmary for operation:-

Closure of ventricular septal defect
Resection of coarctation of aorta

One special clinic was held in 1962, when Mr. Wooler, Consultant Thoracic Surgeon at Leeds General Infirmary, visited the Harrogate General Hospital and saw 4 children with a view to them being admitted to Leeds for further investigation.

At the end of the year, 5 children were awaiting admission to Leeds for operation and 3 children were awaiting admission for further investigation.

Close liaison was maintained with general practitioners, teachers, school dental officers and parents. Recommendations were made in respect of children with heart lesions, where it was felt that some restriction of a child's activities was advisable or precautions were necessary regarding dental treatment and operations.

6. CHILD GUIDANCE CLINIC

I am indebted to Dr. Gore for the following report:-

Dr. M. Friese left us in April to take up his appointment as Consultant Psychiatrist at St. James's Hospital, Leeds, and we wish him well.

We were very pleased to welcome Mrs. Nursten back in October, on her return from the United States. During her absence we received a great amount of help from Miss Wallace, although she was herself ill for much of the time.

71 new cases were seen during the year, this is a smaller number than in previous years, probably due to absences of staff

through illness, and the lack of a psychiatric social worker. In addition Mr. Pickles was engaged in a survey of E.S.N. children in schools, which took up every Friday morning during term time.

The number of girls seen was very small, only 18 compared to 40 the previous year.

The greatest number of referrals came from Division 7 (56) - we have broken these figures down for this year, and taken particular note of the actual source of the referral: (e.g. a case sent to us through the Divisional Medical Officer might have been brought forward either by the Head-teacher or the parent). Looking at it in this way the sources of referral were as follows:-

Divisional Medical Officer	18
Juvenile Court & Probation Officer	3
General Practitioners	9
Parents	7
Children's Officer & Children's Homes	6
Head-teachers	10
Youth Employment Officer	2
Aural Surgeon	<u>1</u>
	<u>56</u>

These figures indicate the interest of both teachers and parents in the clinic, and this seems to have grown over the years. We have also had as usual, a number of cases from Children's Officers and Children's Homes. We have continued our policy of inviting to the clinic as many of the people referring cases as possible, and plan in the future to offer more opportunities for discussion to the staff of Children's Homes. We feel that perhaps our contacts with General Practitioners could be improved.

We have also studied in particular the uneventuated referrals where no regular attendance was established, and the unsatisfactory cases where after initial attendances, the subsequent appointments were not kept. In general it seemed from this that we were most likely to fail in cases referred from the Juvenile Courts without the real wish of the parents; and that parents who had come to the clinic because of the pressure of their own problems, often did not keep up regular visits. Cases from families with multiple problems are also noticeably poor attenders. For the remainder it seemed that if an appointment had to be delayed, the moment of crisis was often passed, but in these cases we did not really know whether help was still needed.

In addition to the new cases opened in 1962, 31 were carried over from previous years. Attendances can be analysed as follows:-

<u>Boys</u>	<u>Girls</u>	
7	1	Attended weekly for treatment
12	8	" for regular treatment
30	12	" for occasional visits
<u>49</u>	<u>21</u>	

Visits were also made to see children at the Wharfedale Hospital, and Bridge House School, Harewood.

During the year we had visits from ten Head-teachers, Youth Employment Officers, School Welfare Officer, Child Care Officers, Probation Officers, Mental Welfare Officers, and amongst our more distinguished visitors Dr. Marjorie Wilson and Dr. Llewellyn from the Ministry of Education: Mr. Boddy, County Council Education Inspector, and Mr. Rawcliffe, Divisional Education Officer. In March Dr. Elliott paid a visit to the clinic with Dr. Marshall who prior to her retirement had always been most helpful towards us.

In July Mr. Thomas, the County Council Art Advisor visited the clinic and stimulated still further our interest in the question of art in education and clinic work, and we subsequently spent an interesting day visiting schools in the Pontefract area.

Dr. Jessop and Dr. Stoakley continued to attend the clinic until March, and during this term two students from the Institute of Education, Leeds, spent some time here. We have also had Health Visitor students in the clinic from time to time.

Remedial Teaching. The new year began with 16 children in attendance: 11 boys and 5 girls. Of these 4 were at the secondary modern stage, and the rest at primary level and ages ranged from 7+ to 14 years.

Steady progress was made in all cases and in some quite a remarkable difference was noticeable. One Head-master describes the change in a very deprived boy of 9 years as almost miraculous. Not only educationally, but socially this boy has made fine progress though he has many physical handicaps. All the children have now broken through the reading barrier, and Head-teachers report progress in all school subjects.

In July 5 children were discharged and 3 new ones admitted, making 14 at the beginning of September, and since then 4 more have joined us. Except in one very disturbed case the children are now working in groups of 2 or 3, according to age and ability. Parents continue to co-operate and to appreciate the help being given, and opportunities to talk to parents and show them children's work are taken whenever possible.

This term (from Jan, 1963) we have a group of lower average age - an indication of earlier referral, which makes the work much more rewarding. Close co-operation between the members of the Child Guidance team is maintained so that a clear all-round picture of the child's problems is always apparent.

We feel we have an excellent liaison between the clinic team and the Divisional and Assistant County Medical Officers in all the areas we serve.

I wish to thank the members of the clinic team, Mrs. Nursten, Miss Blackburn and Mr. Pickles, for the pleasure which I believe we share in working together; and also Mrs. Ramsbottom our secretary who

contributes a great deal to the life of the clinic.

7. CARE OF MOTHERS AND YOUNG CHILDREN

(a) BIRTHS

RETURN OF BIRTHS NOTIFIED IN THE DIVISIONAL AREA DURING THE YEAR

DETAILS	BIRTHS				TOTAL
	Domiciliary Live	Domiciliary Still	Institutional Live	Institutional Still	
(a) Primary Notifications:					
(i) Urban Districts	215	-	1,356	27	1,598
(ii) Rural Districts	95	1	208	4	308
(b) <u>Add</u> Inward Transfers	2	-	196	3	201
(c) Total Notifications received	312	1	1,760	34	2,107
(d) <u>Deduct</u> Outward transfers ..	2	-	467	10	479
(e) Total adjusted births	310	1	1,293	24	1,628
ANALYSIS OF INSTITUTIONAL BIRTHS					
Born in					
(a) Hospitals ..			1,283	24	
(b) Maternity Homes			-	-	
(c) Nursing Homes ..			10	-	
TOTAL			1,293	24	

Approximately four fifths of the births in the division take place in hospital. This seems to be equally true of both the urban and rural areas and has varied very little for a number of years.

<u>YEAR</u>	<u>INSTITUTIONAL CONFINEMENT</u>	<u>DOMICILIARY CONFINEMENT</u>
1951	78%	22%
1952	79%	21%
1953	79%	21%
1954	82%	18%
1955	82%	18%
1956	81%	19%
1957	83%	17%
1958	83%	17%
1959	82%	18%
1960	82%	18%
1961	80%	20%
1962	81%	19%

The Department investigates all applications for maternity beds on social grounds for the Units at Harrogate, Ripon, and York.

(b) ANTE-NATAL CLINICS

Two sessions per week are held at Dragon Parade Clinic, and two sessions per month at Alma House, Ripon. Most family doctors undertake ante-natal care of their own patients, and the maternity hospitals also run sessions. The health department clinics are very useful in that they are able to put the expectant mother in touch with the local services which will be of use to her.

(c) RELAXATION AND MOTHERCRAFT CLASSES

These are held regularly for expectant mothers at 2, Dragon Parade, Harrogate, Fysche Hall, Knaresborough, and Alma House, Ripon. 234 expectant mothers made 1,248 attendances at the Harrogate Clinic, 23 mothers made 146 attendances at the Knaresborough Clinic, and 48 mothers made 263 attendances at the Ripon Clinic.

ANTE-NATAL CLINICS

Name and address of Ante-Natal Clinic (whether held at Infant Welfare Centre or other premises)	Number of sessions now held per month		Number of women in attendance		Total number of attendances made by women during year	
	Combined with Infant Welfare	Separate Sessions Doc-tors	Number of women who attended during the year	Number of new cases incl. in Col. 5.	Combined with Infant Welfare	Separate Sessions Doctors Midwives
2, Dragon Parade, Harrogate ..	-	8	111	105	-	288
2, Dragon Parade, Harrogate. (Relaxation/Mothercraft Classes) ..	-	-	234	218	-	-
Knarborough Clinic (Relaxation/Mothercraft Classes) ..	-	-	23	23	-	146
Alma House, Ripon, ..	-	2	14	13	-	87
Alma House, Ripon. (Relaxation/Mothercraft Classes) ..	-	-	48	46	-	263
Pateley Bridge ..	2	-	-	-	-	-
Summerbridge ..	1	-	-	-	-	-
TOTAL FOR CLINICS ..	3	10	430	405	-	375
						1,657

(d) INFANT WELFARE CENTRES

The table on the following page gives particulars of all fixed clinics in the division.

In addition to these, the Mobile Clinic provides infant welfare centre services in the rural parts of the area as follows:-

	Aldfield	Tuesday	Monthly
	Birstwith	Monday	"
	Bishop Monkton	Friday	"
	Bishop Thornton	Monday	"
	Burton Yates	Monday	"
+	Burton Leonard	Friday	Fortnightly
+	Cattal	Wednesday	Monthly
	Copt Hewick	Tuesday	"
	Dacre	Monday	"
	Darley	Monday	Fortnightly
+	Follifoot	Friday	Monthly
	Galphay	Tuesday	"
	Grantley	Tuesday	"
	Grewelthorpe	Tuesday	"
+	Great Cissburn	Wednesday	"
+	Hampsthwaite	Friday	"
	Heyshaw Lane End	Monday	"
+	Hunsingore	Wednesday	"
	Killinghall	Friday	"
	Kirkby Malzeard	Tuesday	"
+	Kirk Hammerton	Wednesday	"
	Lofthouse	Monday	"
	Markington	Monday	"
+	Marton-cum-Grafton	Wednesday	"
	Mickley	Tuesday	"
+	Moor Monkton	Wednesday	"
	North Lees	Tuesday	"
	North Stainley	Tuesday	"
+	Nun Monkton	Wednesday	"
	Ransgill	Monday	"
+	Rufforth	Wednesday	"
	Sawley	Tuesday	"
+	Scotton	Friday	"
	Shaw Mills	Monday	"
	Skelton	Tuesday	"
+	Staveley	Wednesday	"
	Studley	Tuesday	"
	Winksley	Tuesday	"

+ Welfare Foods are not sold at these sessions.

INFANT WELFARE CENTRES

Name and address of Centre	Number of infant Welfare Sessions now held per month	Number of children who first attended a centre of this Local Authority during the year and who at their first attendance were under 1 year of age	Number of children who attended during the year and who were born in		Total number of children who attended during the year	No. of attendances during the year made by children who at the date of attendance were			Total attendances during the year
			1962	1961		Under 1 yr	1 but under 2 yrs	2 but under 5 yrs	
Central Clinic 2, Dragon Parade Harrogate	7	223	190	179	463	2,192	242	133	2,567
St. John Ambulance H.Q., Starbeck, Harrogate.	4	172	162	68	402	1,781	266	230	2,277
Bar Methodist Chapel, Skipton Road, Harrogate.	4	154	134	126	399	1,837	296	237	2,370
Penny Pot Lane, Harrogate. (Army Premises)	2	24	11	23	44	246	40	11	297
St. Mark's Parochial Hall, Leeds Road, Harrogate	2	59	50	36	115	555	158	90	803

Pannal Institute, Harrogate.	1	21	14	14	11	39	113	17	11	141
16, Harlow Ave, Harlow Hill, Harrogate.	1	11	9	20	4	33	125	38	7	170
Fysche Hall, Knaresborough	4	131	124	96	99	319	1,844	448	473	2,765
Methodist Sunday Schoolroom, Boroughbridge	4	33	31	27	35	93	474	154	213	841
Village Hall, Whixley	2	20	15	19	26	60	249	63	81	393
Church Hall, Poppleton	2	38	30	30	60	120	400	160	226	786
Alma House, Ripon.	4	173	162	18	8	188	2,684	525	534	3,743
Methodist Bdgs, Pateley Bridge	2	24	12	13	11	36	229	99	128	456
Methodist Bdgs, Summerbridge.	1	13	13	4	16	33	139	49	65	253
Mobile Clinic	37	160	143	129	185	457	945	424	451	1,820
TOTAL	77	1,256	1,100	802	899	2,801	13,813	2,979	2,890	19,682

(e) DISTRIBUTION OF WELFARE FOODS

The provision of baby foods and food supplements to expectant mothers constitutes an important part of the health services.

The arrangements in the Division are detailed below:-

HARROGATE.

Divisional Health Office Harrogate.	Monday to Friday 9 a.m. to 5 p.m.	W.R.C.C. Staff
Central Clinic, 2, Dragon Parade, Harrogate.	Monday and Thursday 2 p.m. to 4 p.m.	W.R.C.C. Staff
Starbeck Clinic, St. John Amb. H.Q. Starbeck, Harrogate	Wednesday 2.30 p.m. to 4.30 p.m.	W.R.C.C. Staff
Bar Methodist Chapel, Skipton Road, Harrogate.	Monday 2.30 p.m. to 4.30 p.m.	W.R.C.C. Staff
Penny Pot Lane, Harrogate. (Army Premises)	Alternate Wed. 2 p.m. to 4 p.m.	W.R.C.C. Staff
St. Mark's Parochial Hall, Leeds Road, Harrogate.	Alternate Mondays 2 p.m. to 4 p.m.	W.R.C.C. Staff
Pannal Institute, Harrogate.	Last Thursday in month. 2 p.m. to 4 p.m.	W.R.C.C. Staff
16, Harlow Avenue, Harlow Hill, Harrogate.	First Tues. in month. 2 p.m. to 4 p.m.	W.R.C.C. Staff

RIPON

Divisional Health Office, Ripon.	Monday to Friday. 9 a.m. to 12.45 p.m. 1.45 p.m. to 5.20 p.m.	W.R.C.C. Staff
Ripon Child Welfare Centre, Alma House, Ripon.	Monday 2 p.m. to 4.30 p.m.	W.R.C.C. Staff

OUTSIDE CLINICS.

Knarborough Clinic	Tuesday 9 a.m. to 12 noon. 1 p.m. to 4 p.m.	W.R.C.C. Staff
Boroughbridge Clinic	Friday. 2 p.m. to 4 p.m.	W.R.C.C. Staff
Whixley Clinic	1st and 3rd Thurs. in month. 2 p.m. to 4 p.m.	W.R.C.C. Staff
Upper Poppleton Clinic	Alternate Wed. 2.30 p.m. to 4.30 p.m.	W.R.C.C. Staff

OUTSIDE DISTRIBUTION POINTS

Birstwith	Anytime	Vol. Worker
Bishop Monkton	Anytime	Vol. Worker.
Burnt Yates	Anytime	Vol. Worker.
Burton Leonard	Alternate Wednesdays 2 p.m. to 4 p.m.	Vol. Worker.
Darley	By arrangement	W.R.C.C. Staff
Follifoot Post Office	Post Office hours	Vol. Worker.
Great Ouseburn	Thursday. 3.30 p.m. and evening.	Vol. Worker.
Hampsthwaite	Tuesday. 3.45 p.m. to 4.45 p.m.	Vol. Worker.
Killinghall, Methodist Church.	Friday, every four weeks. 10.45 a.m. to 12 noon.	W.R.C.C. Staff
Kirk Hammerton	Alternate Tuesdays. 2 p.m. to 4.p.m.	Vol. Worker.
Kirkby Malzeard	Anytime	Vol. Worker
North Stainley	Anytime	Vol. Worker.
Fateley Bridge	Anytime	Vol. Worker.
Stareley Post Office	Post Office hours	Vol. Worker
Summerbridge	Thursday. 1.30 p.m. to 3.30 p.m.	Vol. Worker.

(f) PHENYLKETONURIA

One type of mental defect is due to a metabolic disturbance which produces damage to the brain in early life. It is detectable by a simple test on the urine of young babies which is now done as a routine by the health visitors for the babies in their care.

No cases of phenylketonuria have so far been discovered in the division.

(g) DENTAL CARE

The arrangements for dental treatment of expectant and nursing mothers continue as before.

(h) CARE OF UNMARRIED MOTHERS AND THEIR CHILDREN

The unmarried girl who is having a baby is often desperately in need of expert help and advice. She needs to make arrangements for the confinement, and for her own rehabilitation and the care of her child afterwards.

Valuable work in this field is done by the Social Workers of the Ripon Diocesan Moral Welfare Association who work in close co-operation with the general practitioners, the health visitors, and the health department.

The County Council makes grants in approved cases towards the cost of institutional care before the confinement.

104 cases were dealt with by the department during the year. This figure includes about 35% of people who came into the division from other areas. Of the residents, one was under 15 years, 23 were between the ages of fifteen and nineteen, while 34 were aged between twenty and twenty nine years. This is not, therefore, mainly a teenage problem, as is often assumed.

(i) CARE OF PREMATURE INFANTS

These small babies need special care to avoid injury from chilling. 2 Sorrento cots and equipment are provided, based at Harrogate and Ripon, for loan to doctors and midwives looking after premature babies. Neither of the cots were used during the year.

The Sorrento cot has the disadvantage of being too bulky for easy transport, and at the time of writing the provision of smaller portable incubators is being considered.

(J) ALBANY AVENUE DAY NURSERY

This nursery is open from 8.30 a.m. to 4.30 p.m. from Monday to Friday. It accommodates the young children of mothers who are obliged to maintain themselves and their families by going out to work. The health of these children is supervised by the medical staff of the Department.

(K) INSPECTION OF CHILDREN AT RESIDENTIAL NURSERIES AND COUNTY CHILDREN'S HOMES

A routine inspection is made twice a year of all children resident in the Leadhall Grange and Harlow Court Residential Nurseries, Harrogate, and in three Homes for older children in Knaresborough. A report is furnished to the County Medical Officer and to the Children's Department in which details are given regarding the children's health, the staffing, and on any environmental condition which may affect the health of the children.

8. PAEDIATRIC CLINICS

In Harrogate children are seen by the paediatrician at the hospital. In Ripon, Dr. Prosser holds a clinic as necessary at Alma House.

BUZZERS FOR BEDWETTERS

I am indebted to Dr. Hall for the following report:-

Five enuresis Alarm Buzzers have been in use during the past year in the Harrogate Area.

There have been 12 cases of nocturnal enuresis treated with an alarm buzzer. Every age between five and eleven was represented.

8 cases have been successful with no report of relapse and 2 cases have been partially successful. 1 case, a five and a half year old boy, was not successful in spite of using Dexamphetamine to raise the level of sleep.

Another child had shown improvement but left the area before the case could be considered successful.

There are 23 children on the waiting list.

There is great variation in the time required to train to the alarm. On the whole, the younger children take longer, up to three months, and require greater stimulus. Some of the older children have responded very well and become dry within a week or two.

The alarms are kept switched on for about three weeks after the patient has become dry. The mother is then instructed to leave the alarm for a further week but with the switch turned off.

There is no doubt that the alarm buzzer is of great value for most of the cases and I would like to suggest that, before children are subjected to disturbing hospital investigations, the method should be attempted.

9. MIDWIFERY

During 1962, domiciliary midwives cared for 309 home confinements while 1,706 cases were delivered in institutions. 90 of the latter were sent home at forty-eight hours, 150 cases after forty-eight hours but up to and including the fifth day, and 317 cases after the fifth day but before the tenth day.

Two whole-time midwives and twelve home nurse/midwives were working in the area at the end of the year.

DELIVERIES ATTENDED BY MIDWIVES IN THE DIVISION DURING 1962

EMPLOYMENT OF MIDWIVES	NO. OF DELIVERIES ATTENDED BY MIDWIVES IN THE AREA DURING THE YEAR						TOTALS	Cases in Institu- tions
	DOMICILIARY CASES							
	Doctor not booked		Doctor present		Doctor booked			
	Doctor present at time of delivery of child	Doctor not present at time of delivery of child	Doctor present at time of delivery of child (either booked doctor or another)	Doctor not present at time of delivery of child	Doctor present at time of delivery of child	Doctor not present at time of delivery of child		
(a) Midwives employed by the Authority	1	1	79	225	306	-	-	
(b) Midwives employed by vol. organisations (incl. hospitals not transferred to the Minister under the National Health Service Act)	-	-	-	-	-	-	-	
(c) Midwives employed by Hospital Manage- ment Committees or Boards of Governors under the National Health Service Act.	-	-	-	-	-	-	1,704	
(d) Midwives in Private Practice (incl. midwives employed in nursing homes)	-	-	3	-	3	2	2	
TOTALS	1	1	82	225	309	1,706	1,706	

(e) Number of cases delivered in institutions but attended by domiciliary midwives on discharge from Institution:- (i) At 48 hours 90
(ii) After 48 hours and up to and including the 5th day 150
(iii) After 5th but before 10th day 317

Statutory Notices received from midwives during the year were as follows:-

Death of Mother	1
Liability to be a source of infection .	3

12 medical aid notices were issued by midwives during the year, all in respect of domiciliary cases. The following summary gives the conditions for which medical aid was sought.

MEDICAL AID NOTICES

	Number issued because of complications arising in/during			
	Pregnancy	Labour	Lying in	The Child
(a) Domiciliary cases:				
(i) Where the Medical Practitioner had arranged to provide the patient with maternity medical services under the National Health Service Act.	2	3	3	3
(ii) Others	1	-	-	-
(b) Cases in Private Nursing Homes:				
(i) Where the Medical Practitioner had arranged to provide the patient with maternity medical services under the National Health Service Act.	-	-	-	-
(ii) Others	-	-	-	-
(c) Cases in Institutions	-	-	-	-
TOTALS	3	3	3	3

Gas and Air Analgesia alone was given to 13 mothers by the domiciliary midwives and was given in conjunction with Pethidine to a further 19.

Pethidine alone was given to 12 cases.

Trilene alone was given to 71 patients and to a further 127 patients in conjunction with Pethidine.

10. HEALTH VISITING

18 full-time Health Visitors and 1 part-time Assistant Health Visitor were employed in the area at the end of the year. Three of them did tuberculosis visiting and maintained liaison between the Health Department and the Chest Physicians. One was largely occupied with the admission and discharge of old people to hospitals, old people's homes, and Part III accommodation, working closely with the geriatric unit at Knaresborough. Like the rest of the nursing staff, they work under the general direction of the Divisional Nursing Officer.

HEALTH VISITING

The following table gives details of the work done.

Number of children under 5 years of age visited during year	Expectant Mothers		Children under 1 year of age		Children age 1 and under 2 years	Children age 2 and under 5 years	Tuberculous households	Other cases	Total No. of families or households visited by Health Visitors	Total No. of "No Access" visits made during year
	First Visits	Total Visits	First Visits	Total Visits						
5,081	426	666	1,618	8,722	4,313	6,890	994	11,512	5,944	4,067

CLINICS

Total number of attendances by health visitors at Local Health Authority Clinic sessions during the year

1,416

11. HOME NURSING

24 district nurses and 1 part-time district nurse were serving the Division at the end of the year. 12 of them did combined midwifery duties also. One assistant nurse does bathing of old people.

Details of the years work follow:-

Classification	No. of cases attended by Home Nurses during the year	No. of visits paid by Home Nurses during the year
Medical	1,272	41,236
Surgical	209	5,549
Infectious diseases	10	188
Tuberculosis	29	1,628
Maternal complications	22	105
Other	27	632
TOTALS ..	1,569	49,338

12. VACCINATION AND IMMUNISATION

Protection is offered from smallpox, diphtheria, whooping cough, poliomyelitis, and tetanus, while vaccination of children over 13 years old against tuberculosis was also undertaken.

(a) VACCINATION AGAINST SMALLPOX

The numbers in different age groups vaccinated or re-vaccinated during the year are shown below:-

AGE AT DATE OF VACCINATION	UNDER 1	1	2-4	5-14	15 or over	TOTAL
No. vaccinated	774	373	467	1,568	2,440	5,622
No. re-vaccinated	8	12	230	2,517	6,631	9,398

The above figures give some indication of the numbers vaccinated in the division as a result of the occurrence of cases of smallpox in Bradford and in the Otley District during January and February, 1962. They include several contacts who lived in the division and who were kept under surveillance after vaccination. No case occurred in the division.

Estimated live births for year ended 31.12.62. 1,653
Vaccination rate of infants 46.8

The rates for recent years were:-

1952	27.0%
1953	60.5%
1954	47.1%
1955	37.3%
1956	44.2%
1957	51.7%
1958	59.7%
1959	53.6%
1960	46.8%
1961	46.7

(b) VACCINATION AGAINST WHOOPING COUGH

878 children under four years of age received whooping cough vaccine during the year.

(c) IMMUNISATION AGAINST DIPHTHERIA

Number of children at 31st December, 1962, who had completed a course of immunisation at any time before that date.

Age at 31.12.62 i.e. born in year	Under 1 1962	1 - 4 1961/58	5 - 9 1957/53	10 - 14 1952/48	Under 15 Total
Last complete course of injections (whether primary or booster)					
1958-1962	392	3,746	3,244	1,364	8,746
1957 or earlier	-	-	1,961	4,113	6,134

Number of children immunised during 1962				
	Under 1	1 - 4	5 - 14	Total
Primary	392	481	39	912
Booster	-	30	495	525

(d) IMMUNISATION AGAINST TETANUS

The following are the details of the children immunised during the year, either singly or in combination with other antigens:-

Age at Final Injection	Number of children who received protection against tetanus (including temporary residents)
Under 1 year	398
1 to 2 years	386
2 to 3 "	31
3 to 4 "	15
Over 4 "	338
TOTAL	1,168

(c) VACCINATION AGAINST POLIOMYELITIS

The year saw the introduction of vaccine which, instead of having to be injected into the tissues, is swallowed on a lump of sugar or taken in syrup. This has relieved the medical staff of some onerous work in clinics.

5,536 people received a full course of vaccination during the year, 3,305 of these being with the oral type of vaccine.

B.C.G. VACCINATION

B.C.G. Vaccination was again offered to all children 13 years of age and over attending schools in the area.

The following are details of work carried out:-

1. No. of Medical Officers (including Divisional Medical Officer) approved to undertake B.C.G. Vaccination	5
2. Acceptances.	
(a) No. of children offered tuberculin testing and vaccination if necessary. (whether the offer was made during the year or previously)	1,870
(b) No. of (a) found to have been vaccinated previously	6
(c) No. of acceptances	939
(d) Percentage of acceptances, i.e. (c) to (a) - (b)	50.4%
3. Pre-vaccination Tuberculin Test	
(a) No. of children 2(c)	879
(b) Result of Heaf Test (i) Positive	274
(ii) Negative	575
(iii) Not ascertained.	30
TOTAL	879
(c) Percentage positive, i.e. (b) (i) to (b) (i) + (ii)	32.3%
4. Vaccination.	
No. Vaccinated following negative Heaf Test	550

14. MENTAL HEALTH

Staffing difficulties continued throughout the year owing partly to the illness of the Senior Mental Welfare Officer and the prolonged sickness of a Mental Welfare Officer. Two male officers carried on the work of the department with some difficulty.

One of the officer attended the Out-patient Clinic at the Harrogate General Hospital each Tuesday and Friday, and every effort was made to deal with pre-care and after-care of patients but, in view of the depleted staff, some priorities had to be exercised.

Visiting of subnormal patients continued to a somewhat lesser degree. All in all, this was rather a difficult year, but I anticipate an early return to a full complement of staff and a consequent expansion in the services provided.

Details of the work done by the Mental Welfare Officers was as follows:-

<u>Visits paid</u>	Pre-Care	171
	After-Care	191
	Re subnormals	496

In addition 99 attendances were made at out-patient clinics.

Admissions to hospitals undertaken by Mental Welfare Officers:-

Under Section	5.	94
"	"	25
"	"	26
"	"	29
"	"	60

I am indebted to Miss Reynolds for the following report on the work of the Harrogate Training Centre.

Since commencing work in July, 1962, and despite staffing difficulties, a very good settling down process has taken place. A glance at the numbers on the registers will show that these have doubled since July and new members of staff have been appointed. The result is a very happy atmosphere within the Centre with a good relationship between staff, children and adult patients.

The Junior Wing

At the beginning of October, 1962, a simple Harvest Festival Service was held in the Centre. This was most successful and gifts of fruit and vegetables and flowers brought by the children were gratefully received at the Grove Aged Persons' Home, Starbeck.

On November 5th, 1962, the children built a huge bonfire and placed a Guy Fawkes, which they had made, on the top. Fireworks were provided by the Parents Association.

In spite of staff difficulty we prepared a Christmas Concert and Nativity play. This was beautifully done and was thoroughly enjoyed by the parents and friends who attended.

A Christmas party was arranged for the children. The adult women did most of the baking and prepared the jellies and sandwiches. Three clowns from Billy Smarts circus provided lots of fun and Santa Claus distributed presents. Children from the School Department of Oulton Hall Hospital were invited to this party and were brought by the Supervisor and hospital secretary.

Also, one evening during Christmas week, twenty children were taken by members of staff to Billy Smarts Circus in Leeds.

The fundamental aims and purposes of a Centre are kept in mind when the timetable is planned. Progress books and charts are kept and lessons include:- Sense Development, Habit Training; Language Development; Physical Education; Music and movement; Games; Social Training; Percussion Band; Singing; Stories; Nature Study; Creative Activities and Handwork.

Adult Women's Wing

As numbers increase so does the amount of laundry to be done. However, all, this, with the exception of the caretakers boiler suit and the Meals Assistants coat overalls, is done at the Centre by the adult women. Some of them can operate the washer and spin dryer without help. Starching where necessary is undertaken, also all the ironing and mending.

This group has been busy hemming dusters and dishcloths; sewing tapes on towels; making aprons and generally making ready for use various items of linen needed throughout the Centre. Instruction in simple cookery is given each week. The women make out a shopping list for the ingredients of the set recipe; shop locally for these items with their instructor and then come back to make up the recipe.

Simple housecraft is carried out daily, each girls having her own varying jobs. They also have physical activities; country dancing; simple ballroom dancing; games, and music and movement.

An early evening party was arranged at Christmas for the adult women and adult men. Again, most of the baking was done by the women. Patients from Oulton Hall Hospital were invited to this party and everyone enjoyed themselves.

Adult Male Wing

This wing was opened later than the other two but already work done here can be seen throughout the Centre:- a door gate for the special care unit; shoe boxes; boxes for powder paint containers; a rack for birthday candles; cricket stumps; a cutlery box, and various pieces of apparatus which the adult men have helped to make.

At present work is being carried out on clay boards for the West Riding County Supplies Department. Everyone can do something towards the finished article.

These men also have physical activities - Physical education, games and dancing. They help with various jobs in the Centre and have prepared a plot of ground for seeds.

Many parents have expressed appreciation of the hard work done in the Centre for their children. The Comment upon the general progress and well being of the children, and parents and visitors alike comment on the happy atmosphere in the Centre.

I feel very strongly that if the staff are happy and work well together the result manifests itself upon the children.

15. HOME HELP SERVICE

This service has shown a slight increase in work over the previous year. 12,606 more hours were worked than in 1961.

180 part-time home helps were employed, equivalent to 69 whole time workers.

The following table gives details of the work undertaken for various categories of user:-

Category					No. of Cases	Employed Hours
Maternity	..	..	..	..	95	5,652½
Tuberculosis	..	..	..	..	11	1,619½
Chronic sick (a)	65+	..	..	..	610	118,575
	(b)	Under 65	..	..	83	9,914½
Others	..	..	..	..	103	14,184½
TOTALS	..	..	..	..	902	149,945½

16. PREVENTION OF ILLNESS, CARE AND AFTER-CARE

The Chest Physicians hold sessions twice a week at Scotton Banks Hospital, three times a week at Harrogate General Hospital, and once a week at Ripon & District Hospital.

Tuberculosis Health Visitors attend the clinics at Harrogate and Ripon. One of the sessions at Harrogate is used as a special children's and adolescent's clinic. 275 contacts were also seen and 187 of them were given E.G.C. The Chest Physicians saw 29 new cases of tuberculosis and 4 new transfers from other areas during the year. This is an average of 8 contacts per case.

Contact examinations were carried out at two large hotels, at Princess Road Hospital, Ripon, and at the Police Training Centre, Pannal Ash, Harrogate, where cases had occurred.

The Mass Radiography Unit visited the area in June. 4 people were referred to the Chest Clinic, of whom 2 were diagnosed as tuberculosis.

The Harrogate and Ripon Care Committee has continued its valuable work, and assistance in kind or cash was given to several cases.

Liaison has been maintained with the Ministry of Labour and the Disablement Resettlement Officer with regard to the working conditions of patients.

There are three Tuberculosis Health Visitors in the Division. One operates in Ripon City and Ripon & Pateley Bridge Rural District. One covers Harrogate Borough, Knaresborough Urban District, and the western part of Nidderdale Rural District. One does the eastern end of the latter district.

There has been some difficulty during the year in maintaining adequate liaison with the chest clinics. This was due in part to the prolonged absence through sickness of one of the Health Visitors concerned, and also to clerical difficulties in the hospitals. The position is now improved and steps are being taken to improve matters still further.

300 orders for free milk were issued to 70 patients on the recommendation of the Chest Physician during the year.

The Department continues to provide nursing equipment on loan at the request of home nurses or general practitioners.

RECUPERATIVE HOME TREATMENT

During the year 15 applications were received for recuperative home treatment recommended by general practitioners; 4 were in respect of school boys; 3 were tuberculous patients, and the remaining 8 cases were in respect of other adults.

17. CHIROPODY

This service continued to be provided for old age pensioners, expectant mothers, and handicapped persons.

A direct service is in operation in the Borough of Harrogate, and indirect services provided in conjunction with voluntary bodies were worked in Ripon, Knaresborough, Pateley Bridge, Boroughbridge, Poppleton, Nun Monkton, Burton Leonard and Whixley.

18. REGISTRATION OF NURSING HOMES

There were 17 registered nursing homes in the division at the end of the year. 10 were inspected during 1962.

19. REGISTRATION OF OLD PEOPLE'S HOMES

The 21 old people's homes registered in the area were visited in conjunction with the Divisional Welfare Officer.

20. CHILDREN NEGLECTED OR ILL-TREATED.

Monthly meetings of workers from the interested voluntary and statutory bodies were held.

At the open meetings to which a wide range of social workers is invited, the following talks were given:-

"The Harrogate Citizens Guild of Help" by Mrs. A.M. Payne.

"The Work of the National Association for Mental Health" by
Mrs. K. Galloway, P.S.W.

"Problem Families" by Mr. Don Okell of the Leeds Family Service Unit.

21. MEDICAL EXAMINATION OF STAFF, ETC.

249 medical examinations of staff, etc., were carried out during the year as follows:-

West Riding County Council	53
District Councils	12
Other Authorities	5
Applicants for Teachers	
Training Colleges	79
Children for Employment	
(including entertainments)	100

AMBULANCE SERVICE

In the West Riding this is a separate service. The ambulance station is at Harrogate under the charge of a Superintendent Ambulance Officer, and in both Ripon and Pateley Bridge there are sub-depots which are manned by the respective divisions of the St. John Ambulance Brigade and which give sterling service. Short wave wireless control is held throughout the division.

HOSPITALS UNDER THE MANAGEMENT OF THE REGIONAL HOSPITAL BOARD

Name	Situation	Purpose	Beds	
			Adults	Children
Harrogate and District General Hospital	Knaresborough Road, Harrogate.	Medical, Surgical and Maternity	234	25
Carlton Lodge	Leeds Road, Harrogate.	Maternity	13	-
Royal Bath Hospital	Cornwall Road, Harrogate.	Rheumatic Diseases	143	-
White Hart Hospital	Cold Bath Road, Harrogate.	- do -	133	-
Yorkshire Home	Cornwall Road, Harrogate.	Chronic Sick Cases	70	-
Heatherdene Convalescent Hospital	Wetherby Road, Harrogate	Convalescent Cases	38	-
Dunelm Hospital	Cornwall Road, Harrogate.	Rheumatic Diseases	22	-
Ripon & District Hospital	Firby Lane, Ripon	Medical, Surgical and Maternity	46	7
Princess Road Hospital	Princess Road, Ripon.	Chronic Sick	32	-
Thistle Hill Hospital	Knaresborough	Infectious diseases	10	10
- do -	- do -	Paediatrics	-	12
- do -	- do -	Suitable cases transferred from Harrogate General Hospital	11	-
- do -	- do -	Geriatrics	11	-
Scotton Banks Hospital	Ripley Road, Knaresborough	General Surgery)	33	-
- do -	- do -	Gynaecology)	96	-
- do -	- do -	Diseases of Chest	34	-
- do -	- do -	Young Chronic Sick	21	-
- do -	- do -	Medical	16	-
- do -	- do -	Private Wing. Sec.5	8	-
- do -	- do -	- do - Sec.4		
Knaresborough Hospital	Stockwell Road. Knaresborough.	Chronic Sick	132	-
- do -	- do -	Part III	87	-

SECTION B

SANITARY CIRCUMSTANCES OF THE AREA

NOTICES FOR ABATEMENT OF NUISANCES

	Outstanding at 31.12.61	Issued in 1962	Abated in 1962	Outstanding at 31.12.62
Informal	3	104	85	22
Statutory	-	-	-	-

SEWERAGE AND SEWAGE DISPOSAL SCHEMES

No. of houses connected to sewers	2,343
" with satisfactory private drainage ..	1,103
" with unsatisfactory drainage	562

SEWAGE DISPOSAL SCHEMES

(i) Completed during the year	(1) Sawley (2) Kirkby Malzeard (3) Littlethorpe (Extension).
(ii) Under construction at year end	None
(iii) Awaiting approval at year end	(1) Galphay (2) Laverton (3) Grewelthorpe (4) Mickley
(iv) In preparation at year end	(1) Dacre-Darley (2) Burnt Yates (3) Bishop Monkton

DETAILS OF ANY PART OF THE DISTRICT REQUIRING:

(i) Sewers	Winksley, Grantley, Fountains, Thornthwaite, Ramsgill.
(ii) Improvement of defective sewers	Bridge Hewick.
(iii) Sewage Disposal Works	As (iii) above and Grantley, Winksley, Fountains, Thornthwaite, Ramsgill.
(iv) Improvement or extension of sewage disposal works	(1) Bishop Monkton. (2) Birstwith
(v) Attention to storm water overflows	None

SANITARY ACCOMMODATION

No. of houses provided with water closets	2,782
- do - provided with waste water or trough closets	Nil
- do - provided with chemical closets ..	125
- do - provided with earth or pail closets	349
No. of earth closets, etc., converted to water closets	11
No. of houses served with earth closets, etc., due to lack of sewer or water facilities	349

The Council has adopted a scheme of £20 or 50% of the cost, whichever is the less, towards the cost of conversion.

SEWAGE DISPOSAL

All sewage disposal works situated within your area are serviced by direct labour by the Council. The labour gangs are mobile, each using a Commer diesel vehicle for transport of men and materials.

When property is not served by the public sewers, septic tanks and cesspools are installed by the owners to a specification laid down by your Public Health Department, and as and when servicing of these private schemes becomes necessary, the Council's Cesspool Emptying Service is available. No charge is made for servicing domestic premises.

Regular inspections of all sewage disposal works are carried out and visits, together with the Rivers Board Inspector, serve to rectify any complaints as they are notified.

Construction of new sewers and sewage disposal works at Birstwith, Markington and Studley Roger have been completed and are operational. The new sewage disposal works at Kirkby Malzeard, which will ultimately take sewage from Galphay, Laverton and Grewelthorpe, is complete, and a new sewer at Sharow and the sewer extension at Littlethorpe have been constructed and are now working.

Site	Type of Works	Villages or Properties Served	Remarks
1. Aldfield	Sedimentation and gravity filtration	Aldfield	Public
2. Bishop Monkton	Sedimentation and mechanical filtration	Bishop Monkton	Public
3. Wormald Green	Sedimentation and gravity filtration	Wormald Green	Public
4. Bishop Thornton	Sewer only	Bishop Thornton	Public
5. Clint	Sewer only	Clint Cross Lane	Public
6. Clint	Sedimentation and mechanical filtration	Birstwith	Public
7. Clothierholme	Sewer only. Treated by Ripon Corporation	Clothierholme	Public
8. Dacre	Sedimentation and mechanical filtration	Low Laithes, Summerbridge, Dacre Banks	Public
9. Lofthouse	Sedimentation and mechanical filtration	Lofthouse	Public
10. Grewelthorpe (South)	Sedimentation and Land filtration	Grewelthorpe (part)	Public
11. Grewelthorpe (North)	Sedimentation and mechanical filtration	Grewelthorpe (part)	Public
12. Glasshouses	Sedimentation and mechanical filtration	Bewerley, Bridgehousegate, Pateley Bridge, Glasshouses	Constructed 1940. Public

Site	Type of Works	Villages or Properties Served	Remarks
13. Wath	Sedimentation and land filtration	Wath	Public
14. Kirkby Malzeard	Sedimentation and mechanical filtration	Kirkby Malzeard	Public
15. Littlethorpe	Ejector Station only. Treatment by Ripon Corporation	Parts of Littlethorpe	Public
16. Markington	Sedimentation and mechanical filtration	Markington, Ingerthorpe	Public
17. Darley	Sedimentation and land filtration	The Green, Tranner Croft, and part of Darley	Public
18. North Stainley	Sedimentation and mechanical filtration	North Stainley	Public
19. Nunwick	Sedimentation and mechanical filtration	Halldgarth, Nunwick	On Site
20. Skelton	Sedimentation and mechanical filtration	Skelton, Newby (Part)	Public
21. Middlesmoor	Sedimentation and mechanical filtration	Middlesmoor	Public
22. Winksley	Sedimentation and gravity filtration	Pine Croft Estate (Winksley)	On site
23. Studley	Septic Tank and mechanical filtration	Studley	Public
24. Sawley	Septic Tank and mechanical filtration	Sawley	Public

The following is a detailed report on the drainage and sewerage of the parishes in your area.

ALDFIELD

A sewer runs through the village to a small sewage disposal works consisting of sedimentation tank and filter which is adequate for the present number of houses. The effluent discharges into a small stream in Spa Gill Wood which eventually joins the River Skell.

AZERLEY

The hamlet of Azerley comprises only the Chase and a few farms. There is a sewer in the village of Galphay but it is in bad condition and discharges into a stream at the entrance of the village in Galphay Lane, without treatment. A scheme prepared by the Engineers to the Council for the pumping of sewage to Kirkby Malzeard has been brought forward and approved and the acquisition of the site is being negotiated. There is no proper sewer in the village of Mickley. Most of the house drainage delivers into septic tanks and cesspools. At the west end of the village there is a drain serving various properties and discharging into the River Ure. A new scheme has been prepared by the Engineers and further investigations relative to this are proceeding.

BEWERLEY

The village is sewered and discharges into the main Pateley Bridge sewer. The sewage is carried to and treated at Glasshouses sewage disposal works. The remainder of the parish is scattered and no public sewer is available. Treatment in this area is affected by septic tanks and cesspools.

BIRSTWICH

The new public sewer to serve the parish of Birstwith together with a new sewage disposal works in the parish of Clint, has been constructed and completed.

BISHOP MONKTON

This village is sewered throughout and has a sprinkler system of disposal works with the effluent discharging to a stream which eventually joins the River Ure. There has been an increase in the volume of sewage in recent years and the works are now working to capacity. Investigations are to be undertaken to ascertain the amount of work required to effect an improvement in the effluent and to deal with this increased volume.

BISHOP THORNTON

A new sewer has been laid throughout the populated area of the parish and discharges its effluent at the Shaw Mills works for treatment.

BRIDGE HEWICK

This parish consists of a few farms and farm workers' cottages. Some of the properties join the Copt Hewick sewer. The new houses erected by the Council are provided with a septic tank and filter which gives adequate treatment. Your Engineers are now preparing a small sewage scheme to deal with the remainder of the parish.

CLINT

The drainage of the Burnt Yates portion of this parish is collected by a drain which discharges onto land on the slope towards Shaw Mills. A scheme is now in course of preparation by your Engineers for disposal at the works at Shaw Mills. The new sewer, which has been laid along Cross Lane, Clint, is now taking the drainage from several properties. This sewer terminates at an ejector station near the railway bridge at Hampsthwaite and the sewage disposal works at Birstwith. The new sewage scheme for Birstwith allows for the adjacent area of Clint in the region of the Station Hotel to be included for treatment.

CLOUTHERHOLME

The most populous portion of this parish is in the Lark Hill area near to the City of Ripon boundary. It is served by a very good sewer laid during the 1914-18 war and taken over from the War Department. This sewer now discharges into a new sewer laid by the Ripon Corporation.

COPT HEWICK

The new sewer in the village of Copt Hewick is now in use for the purpose for which it was designed, i.e. the conveyance of foul sewage to the ejector station where it is then pumped into the Ripon City sewer via the new sewer in Sharow. The house connection contract, carried out in the summer of 1962, entailed the separation of the foul sewage from the surface water at the various properties in the village, with the result that the old sewer which originally took both these components, now deals with the surface water only.

DACRE

The village is sewered along with a portion of the parish of Hartwith to a sewage disposal works in Dacre. The works comprise sedimentation tanks and sprinklers. The size of the works is such that they are only just capable of dealing with the amount of sewage received, even when maintained at the greatest possible efficiency. The portion known as Dacre Village is not sewered. A scheme to incorporate Dacre and Darley, and the provision of new disposal works has been prepared by the Council's Engineers.

EAVESTONE

This parish is composed mainly of agricultural holdings. It is very scattered and has no public sewer.

FOUNTAINS
EARTH

The village of Lofthouse is the most populous part of the parish. It is a compact village on the side and at the foot of a hill. It is sewered and has a small disposal works with a sprinkler filter which is just capable of dealing with the present drainage, and treatment has proved satisfactory.

GIVENDALE

This parish has no village and the farms have their own drainage system.

GRANTLEY

There is no public sewer in the village of Grantley. Sewage disposal is effected by means of septic tanks.

GREWELTHORPE

The village of Grewelthorpe is sewered throughout and has two disposal works, the larger being at the south end of the village. The works comprise sedimentation and land treatment and have been in operation for many years. Owing to the increasing volume of sewage, the land is becoming sick and the Engineers have prepared a scheme for pumping to the new works at Kirkby Malzeard.

HARTWITH-CUM-
WINSLEY

The most populous parts of the parish are Low Laithe and Summerbridge. They are sewered and discharge at Dacre sewage disposal works.

HIGH AND LOW
BISHOPSIDE

The town of Pateley Bridge is sewered and together with the sewage of Bewerley and Glasshouses, treatment is given at a disposal works on the banks of the River Nidd at Glasshouses. The small village of Wath above Pateley Bridge, is drained and sewered to a sewage disposal works constructed in 1936, with sprinkler filters.

KIRKBY MALZEARD

The village is sewered throughout and the scheme for the construction of a new disposal works has been completed.

LAVERTON

The village is badly drained. There is an old drain collecting a portion of the drainage of this village which eventually reaches the River Laver. There is no treatment. The village requires to be sewered, and the Engineers have prepared a scheme to lay a sewer and pump the sewage to the new works at Kirkby Malzeard.

LINDRICK-WITH-
STUDLEY ROYAL
AND FOUNTAINS

There is no drained village in this parish. The drainage of Studley Royal is dealt with by septic tank treatment as is also the property in the area near and including Fountains Hall. The effluent is discharged in the River Skell.

LITTLETHORPE

Littlethorpe is a large scattered parish and is divided by the Harrogate-Ripon road. The village lies to the east of this road; to the west there are only farms. The "on site" scheme provided for the new Council houses at South View was abandoned and a new ejector station and rising main constructed to pump the sewage to the head of the Ripon City sewer in Littlethorpe Lane. An extension to the existing sewer to serve the properties near the Railway Station was carried out in the summer of 1962.

MARKENFIELD HALL

This parish comprises the Hall and several agricultural cottages. It has its own private drainage system which is satisfactory.

MARKINGTON-WITH-
WALLERTHWAITHE

A sewer runs through the village of Markington and terminates in a disposal works on the banks of the stream below. This is a new works and disposal is by means of sedimentation tank and mechanical filtration. There is a sewer and a small disposal works which serves the houses on the south side of Dove Bank at Wormald Green. The properties comprising the Rose and Crown, the Station-master's house, Railway Station and about another dozen buildings depend upon cesspools for disposal of their drainage. This is unsatisfactory and a scheme to pump the sewage from Wormald Green to the new works at Markington has been prepared.

MENWITH-WITH-DARLEY

This is a long straggling parish. The village has no public sewer. The provision of sewers and disposal works is necessary, and undoubtedly much of the drainage of the village finds its way into the stream of the River Nidd. A small "on site" scheme has been provided for the Council houses of Trarmer Croft and Low Green. Your Engineers have prepared a comprehensive scheme for this area.

NEWBY-WITH-MULWITH

This parish comprises Newby Hall and adjacent farms. It has its own sewage disposal system.

NORTH STAINLEY-WITH-
SLENINGFORD

The scheme to provide a new sewage disposal works has been completed.

NUNWICK-CUM-
HOWGRAVE

This is an agricultural parish with no village and consists of only a few farms. It is not sewered. The new houses erected by the Council are provided with a septic tank and filter which gives efficient treatment.

SAWLEY

The Scheme to provide a foul sewer and sewer and sewage disposal works in this village is now substantially complete, and connections have been made to the various domestic properties.

SHAROW

The scheme to discharge the sewage from this parish into the Ripon Corporation sewer is now completed.

SKELDING

This is an agricultural parish where each property deals with its own drainage.

SKELTON

The old sewer throughout the village of Skelton now discharges into a new disposal works consisting of sedimentation tank and mechanical filtration.

STONEBECK DOWN

The village of Ramsgill has no proper sewer or disposal works, drainage being treated by individual septic tanks before discharging into a stream which is a tributary of the River Nidd.

STONEBECK UP

The village of Middlesmoor is sewered to a disposal works consisting of sedimentation tanks and mechanical sprinkler filter. The works are situated below the village and are sufficient for the present population. It is not expected that there will be a large increase in the number of houses in the village.

STUDLEY ROGER

A new sewer and sewage disposal works for this village has been completed and is now fully operational.

SUTTON GRANGE

This is a small parish comprising a few farms and farm worker's cottages. The properties deal with their own drainage.

THORNTHWAITE-
WITH-PADSIDE

This is a scattered agricultural parish. It is not sewered.

THRUSCROSS

This is a scattered parish. It is not sewered.

WARSILL

This is a scattered parish. It is not sewered.

WINKSLEY

The village of Winksley has no proper sewer. Its drainage goes eventually towards the River Laver. It is a small compact village and should be dealt with fairly easily. The new houses at Pine Croft are provided with a septic tank and filter which gives efficient treatment.

RIVERS AND STREAMS

There has been little or no pollution of the rivers and streams in the area from any of the Council's sewage disposal works.

WATER SUPPLIES

During the year 3 samples of water were submitted for chemical analysis and 23 samples for bacteriological examination.

Number of inspections made in connection with water supplies in general	.. ..	79
Number of samples taken for Chemical Analysis		3
Number satisfactory	.. ..	2
Number of samples taken for Bacteriological examination	.. ..	23
Number satisfactory	.. ..	12
Number unsatisfactory	.. ..	11

PUBLIC CLEANSING

GENERAL OUTLINE

The Council allows for the collection of pail closets on a weekly basis, free of charge, and cesspools and septic tanks receiving only domestic sewage within the district are also serviced free. All industrial, farm and dual purpose cesspools, tanks or septic tanks (i.e. those receiving domestic and trade waste) are emptied on a rechargeable basis. All tanks serviced outside the Area at the request of the Local Authority or private individual, are also rechargeable.

The total number of pail closets serviced weekly by these vehicles is 349 but with the progress made in the laying of water mains, sewers, and sewage disposal works, conversion of pails to the water carriage system is accordingly being increased, and it is the object of the Public Health Department to reduce the overall number to an absolute minimum, as early as possible.

During 1962 a further 11 pails were converted.

SEPTIC TANKS AND INDUSTRIAL CLEANSING SERVICE

These duties are carried out by Vehicle No. 2 on three days of the week. Since the inception of the scheme in 1950, a complete register of all tanks making use of this scheme has been compiled. This is kept on a card index system and each card is self explanatory as to the location, type of tank, whether or not chargeable and the dates of service.

Except in the case of certain cesspools and a few unsatisfactory septic tanks which are emptied on a regular rota basis, no septic or industrial tanks are emptied by the driver without written instruction from the Public Health Department.

All requests for the emptying of the tanks are made direct to the Department. The records are checked and written instruction of work required to be done is given to the driver.

The disposal of collected sewage has to be carefully watched during the year. The means of such disposal is as follows:-

- (a) discharge to manholes on certain sewerage schemes.
- (b) to agricultural land.

All pail closet refuse is discharged to the Glasshouses sewage disposal works as the vehicle can work through a full day without completely filling the tank. This is the most effective method of dealing with this type of solid matter and the Glasshouses works are large enough to treat it without being overloaded. Bishop Monkton and Dacre sewage disposal works are also used on occasions, but not with regularity.

Some farmers and landowners have allowed the Council to discharge the contents of septic tanks onto their land. It has no doubt proved a valuable fertiliser for grassland from the farmers' point of view, and on our part it has saved long journeys with loaded vehicles. There is, however, a limited season for treating grassland this way, and the summer months are generally avoided.

The following table shows the areas and number of properties served by the Pail Closet and Emptying Service.

Owing to re-organisation, the reduction of pail closets and strict control over indiscriminate demands to empty tanks unnecessarily, this vehicle is in part use only and the labour saved is utilised by the refuse collection vehicle.

(1) District	No. of pails	(2) District	No. of pails	(3) District	No. of pails
Heathfield	2	Darley	23	Aldfield	9
Wath	11	Birstwith	4	Fountains	5
Ramsgill	0	Clint	0	Bishop Monkton	0
Bewerley	5	Scarah Bank	10	Littlethorpe	6
Greenhow Hill	8	Burnt Yates	26	Kirkby Road	0
High Birstwith	5			Sutton	3
Dacre	2			Kirkby Malzeard	6
Summerbridge	7			Sharow	0
Low Laithe	14				
Low Wath Road, Pateley Bridge	1				
Thornthwaite	7				
Stumps	1				
Braithwaite School	5				
TOTAL	58	TOTAL	63	TOTAL	29

(4) District	No. of pails	(5) District	No. of pails	(6) District	No. of pails
Studley Roger	17	Pateley Bridge	1	Grantley	14
Skelton	3	North Stainley	3	Low Grantley	3
Kirby Hill	5	Mickley	11	Winksley	3
Bridge Hewick	0	Grewelthorpe	3	Galphay	18
Copt Hewick	0	Ringbeck	1	Wormald Green	11
		Laverton	10	Bishop Thornton	7
		Swetton	3	Shaw Mills	5
		Dallowgill	26		
TOTAL	25	TOTAL	58	TOTAL	61

(7) District	No. of pails
The Knott, Pateley Bridge	2
Blazefield	10
Wilsill	3
Smelthouses	1
Glasshouses	8
Sawley	23
Fellbeck	7
Risplith	1
TOTAL	55

Total number of Domestic Tanks on Register	..	..	533
" " " Farm Tanks on Register	..	..	256
" " " Business Tanks on Register	..	..	22
" " " Tanks out of area on Register	..	..	86
			<u>897</u>

Total number of Domestic Tanks emptied	..	..	85
" " " Farm Tanks emptied	..	..	69
" " " Business Tanks emptied	..	..	65
" " " Tanks out of area emptied	..	..	32
" " " Local Authority Tanks emptied	..	..	-
			<u>251</u>

Amount received from TANK EMPTYING SERVICE
for the year is £577/17/6d.

PARISH	TANKS	PARISH	TANKS	PARISH	TANKS
Stonebeck Up	3	Clint	47	Clotherholme	16
Stonebeck Down	43	Bishop Thornton	30	Sutton Grange	1
Fountains Earth	6	Warsill	4	North Stainley	22
Bewerley	24	Markington	31	Azerley	49
High & Low Bishopside	82	Markenfield Hall	1	Kirkby Malzeard	16
Hartwith	46	Bishop Monkton	10	Laverton	20
Dacre	33	Littlethorpe	74	Grantley	13
Darley	49	Givendale	4	Sawley	26
Thruscross	3	Skelton	9	Winksley	10
Thornthwaite	4	Sharow	12	Aldfield	2
Birstwith	59	Copt Hewick	9	Studley Roger	14
Bridge Hewick	6	Nunwick	2	Grewelthorpe	8
		Newby-with-Mulwith	3	Lindrick-with-Studley Royal and Fountains	20
TOTALS	358		236		217

Total No. of Domestic, Farm and Business Tanks 811
 " " " Out of Area Tanks 86
897

SHOPS

Seventy-two premises in the area are registered under the Shops Act. These are made up of village stores and post offices in the more thinly populated portions of the area, with a more specialised type of shop in the town of Pateley Bridge.

Following the amendment to the Food and Drugs Act affecting shops, food vans and premises where food is prepared, a schedule of the new conditions of cleanliness, provision of water supply and covering of uncooked foods., etc., was circulated to all persons concerned. There has been improvement in conditions generally and the endeavours of the Department are being concentrated on the subject of food hygiene.

SMOKE ABATEMENT

There have been some individual cases of nuisance arising from smoke emission and warnings were issued to the persons concerned. Generally speaking, however, there is no cause for complaint from smoke emissions, as all factories, etc., are very conscious that inefficient stoking pollutes the atmosphere.

ERADICATION OF BED BUGS

There has been no case of infestation with bed bugs during this year.

REFUSE COLLECTION SERVICE

The collection of refuse from domestic premises in your area by direct labour, has now been in operation for nearly nine years and has given satisfactory service in this district.

During this period the collection has been gradually increased and except for certain isolated areas, the whole of your area now enjoys this service.

GENERAL OUTLINE

The collection is carried out by one Dennis Paxit Compressor Vehicle with a Driver/Loader and three Loaders, and one Dennis 10 cubic yard vehicle operated by a Driver/Loader and a Loader. One further Dennis 10 cubic yard vehicle operated by a Driver/Loader and a Loader collects refuse from the Americal Army Camp, Menwith Hill, Darley, daily under contract. The vehicles operate in their own specific areas, details of which follow, ranging from as near as possible to the various tips which receive all collected refuse.

Premises are normally served once per fortnight, but in some of the more scattered parts, once monthly serves to collect refuse from premises where ashes are used for other purposes. The parish of Clothierholme benefits from a weekly collection.

In addition to the two large vehicles, we also utilise a Commer vehicle to maintain regular fortnightly collections from the villages of Stean and High Shaw Mills. This is necessary because the large vehicles are not able, because of the roads and bridges, to get to the houses in these areas.

AREA COLLECTION

The following are the areas of collection and include the area around the villages mentioned:-

VEHICLE NO. 5

FIRST WEEK

Monday	Pateley Bridge and Beverley (part) Castile Farm and Laverton (not Laverton village) Kirkby Malzeard, Grewelthorpe, (Ilton Road once monthly)
Wednesday	Mickley, Sleningford Hall, North Stainley, North Leys, Bishop's Palace, Nunwick, Sharow Lane, Lister House, Berrygate Lane.
Thursday	Sycamore Farm, Kirby Hill, Skelton, Newby Hall, Givendale, Bridge Hewick, Copt Hewick, Littlethorpe and Potteries.
Friday	Winksley, Galphay, Clotherholme Road, Lark Hill, Lark Lane.

VEHICLE NO. 5

SECOND WEEK

Monday	Bishop Monkton, Markington.
Tuesday	Burnt Yates, Shaw Mills, Bishop Thornton, Birstwith, Darley (part).
Wednesday	Darley, Dacre Top, Dacre, Summerbridge, New York, Low Laithe.
Thursday	Sawley, Sawley Hall, Fountains, Aldfield, Studley Roger, Clotherholme Road, Lark Hill, Lark Lane, Grantley Park, Risplith, Eavestone, Fellbeck.
Friday	No collection at present.

VEHICLE NO. 6FIRST WEEK

Monday	Low Wath Road, Heathfield, Ramsgill, Bouthwaite, Lofthouse, Middlesmoor, Gouthwaite, Wath.
Tuesday	Top Wath Road, Kell House, Harefield Hall, Glasshouses (part), High and Low Fold, Castlestead, Bewerley Park Camp, Westcliffe, Bewerley (part).
Wednesday	High and Low Grantley, Kirkby Road, Laverton village, Sutton, Breckamore, Kirkby Malzeard Tip. Dallowgill area is collected monthly.
Thursday	The Knott, Pinfold, Glasshouses (part), Blaze field, Old Church Lane, Street Lane, Greenhow, Padside, Heyshaw, West End.
Friday	American Camp, Darley; Naval Camp, Darley, High Birstwith Area.

VEHICLE NO. 6SECOND WEEK

Monday	Wilsill, Smelthouses, Knox Lane, Wysing, Fiddler's Green, High and Low Winsley, Hartwith, Dairy Lane, Folly Gill, Low Lane.
Tuesday	American Camp, Darley; Markington Road, Wormald Green, Ripon Road, Ingerthorpe.
Wednesday	High North, Marsill, Monkton Moor, Knaresborough Road, Studley Park, Lindrick.
Thursday	Darley, Birstwith, Clint, Scarah Bank, Shaw Mills, Pye Lane.
Friday	American Camp, Darley; Naval Camp, Darley.

REFUSE TIPS

The following refuse tips are in constant use:-

Middlesmoor
Queen's Quarry, Blaze field
Birstwith
Hutton Lane
Kirkby Malzeard

OPERATION OF SERVICE

The present vehicles have stood up to the work expected of them and provided the scheme with a fundamentally good service in their running performance. They have received regular maintenance by their drivers and only very minor repairs have been carried out during the year.

FACTORIES ACTS 1937 to 1959

Prescribed particulars on the administration of the Factories Act, 1957.

1. Inspections for purpose of provisions as to health
(including inspections made by Public Health Inspectors).

PREMISES	No. on register	Inspections	No. of	
			Written notices	Occupiers prosecuted
(i) Factories in which Secs. 1,2,3,4 & 6 are to be enforced by Local Authority	17	17	-	-
(ii) Factories not incl. in (i) in which Sec. 7 is enforced by Local Authority	32	33	-	-
(iii) Other premises in which Sec. 7 is enforced by Local Authority (excl. cut-workers premises)	10	12	-	-
TOTAL	59	62	-	-

2. CASES IN WHICH DEFECTS WERE FOUND

	No. of cases in which defects were				No. of cases in which prosecutions were instituted
	Found	Remedied	Referred To H.M. Inspector	By H.M. Inspector	
Want of Cleanliness	-	-	-	-	-
Overcrowding	-	-	-	-	-
Unreasonable temperature	-	-	-	-	-
Inadequate ventilation	-	-	-	-	-
Ineffective drainage of floors	-	-	-	-	-
Sanitary conveniences					
(a) Insufficient	-	-	-	-	-
(b) Unsuitable or defective	-	-	-	-	-
(c) Not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to Outwork)	-	-	-	-	-
TOTAL	-	-	-	-	-

SECTION D

HOUSING

With the completion of nine new bungalows at Shaw Mills all the inhabitants of the No. 1 Clearance Area at Shaw Mills have been moved into new dwellings. The area is now ready for demolition and clearance.

Throughout the district various individual unfit dwellings were represented as being unfit for human habitation.

As new schemes of sewage disposal are being completed efforts are being concentrated to encourage property owners to carry out works of improvement and conversions that have previously been virtually impossible without the necessary facilities of sewerage and water. Response, generally, has been quite good, especially with the added incentive of grants under the Housing and Public Health Acts, although the ultimate stage can only be reached by legislation amending the present standard of fitness under the Housing Act to include a bathroom and hot water supply.

It is anticipated that the Special Accommodation at Station Square, Pateley Bridge, consisting of 20 units of housing will be completed in the summer of 1963 and according to the number of applications already received, this is going to prove a popular type of accommodation.

NO. OF DWELLINGHOUSES IN THE DISTRICT 3,886

1. Number of back to back houses included in above None
2. Number of single back houses included in above None
3. Estimated number of unfit houses in respect of which
no representation has yet been made 153
4. Number of houses included in Representations made
during the year
- (a) In Clearance Areas 25
- (b) Individual unfit houses 9

A. HOUSES DEMOLISHED

	<u>Houses</u> <u>Demolished</u>	<u>Persons</u> <u>Displaced</u>	<u>Families</u> <u>Displaced</u>
--	------------------------------------	------------------------------------	-------------------------------------

In Clearance Areas

Houses unfit for human habitation	-	-	-
Houses included by reason of bad arrangement	-	-	-
Houses on land acquired under Section 43(2) Housing Act, 1957	-	-	-

Not in Clearance Areas

As a result of formal or informal procedure under Sections 16 or 17 (1) Housing Act, 1957	5	-	--
Local Authority owned houses certified unfit by the Medical Officer of Health	-	-	-
Houses unfit for human habitation where action has been taken under Local Acts	-	-	-
Houses included in Unfitness Orders	-	-	-
Number of dwellings included above which were previously reported as closed ..	5	-	-

B. UNFIT HOUSES CLOSED

<u>Houses</u>	<u>Persons</u>	<u>Families</u>
<u>Demolished</u>	<u>Displaced</u>	<u>Displaced</u>

Under Sections 16(4), 17(1) and
35(1) Housing Act, 1957 and
Section 26, Housing Act, 1961

1	1	-
---	---	---

Under Sections 17(3) and 26,
Housing Act, 1957

-	-	-
---	---	---

Parts of buildings closed under
Section 18, Housing Act, 1957

-	-	-
---	---	---

C. UNFIT HOUSES MADE FIT IN WHICH DEFECTS WERE REMEDIED

<u>By Owner</u>	<u>By Local Authority</u>
-----------------	---------------------------

After informal action by local authority 21

-

After formal notice under
(a) Public Health Acts

-

-

(b) Sections 9 & 16, Housing
Act, 1957

-

-

Under Section 24, Housing Act, 1957

-

-

D. UNFIT HOUSES IN TEMPORARY USE (Housing Act, 1957)

<u>Number of</u>	<u>Number of separate</u>
<u>Houses</u>	<u>dwellings contained</u>
<u>(1)</u>	<u>in Column 1</u>
<u>(1)</u>	<u>(2)</u>

Retained for temporary accommodation

(a) Under Section 48 ..

-

-

(b) Under Section 17(2) ..

-

-

(c) Under Section 46 ..

-

-

Licensed for temporary
occupation under Sections
34 or 53

2

2

E. PURCHASE OF HOUSES BY AGREEMENT

<u>Number of</u>	<u>No. of occupants of</u>
<u>Houses</u>	<u>houses in Column 1</u>
<u>(1)</u>	<u>(2)</u>

Houses in Clearance Areas other than
those included in confirmed Clearance
Orders or Compulsory Purchase
Orders, purchased in the year ..

-

-

5. NO. OF FAMILIES RE-HOUSED DURING THE YEAR INTO
COUNCIL OWNED DWELLINGS

- (a) Clearance Areas, etc. 8
(b) Overcrowding -

6. RENT ACT, 1957

- (a) No. of certificates of disrepair granted -
(b) No. of undertakings to execute repairs
given by owners to the local authority -
(c) No. of certificates of disrepair
cancelled -

7. OVERCROWDING

Overcrowding presents very few problems within
the Rural District.

8. NEW DWELLINGS

No. of new dwellings completed during the year:-

- By the Local Authority 9
By Private Enterprise 9

9. GRANTS FOR CONVERSION OR IMPROVEMENT OF HOUSING ACCOMMODATION

	Formal Applications received during the year	Applications approved during the year	No. of dwellings completed during year
	No. of dwellings	No. of dwellings	
Conversions	1	-	-
Improvements			
(a) Discretionary Grants	16	17	11
(b) Standard Grants	43	41	16

	ACREAGE	NO. OF INHABITED HOUSES 31.12.62	NO. OF COUNCIL HOUSES	
			1919-61	1961-62
ALDFIELD	1,272	26	-	-
AZERLEY	3,449	113	-	-
BEWERLEY	5,774	209	-	-
BIRSTWITH	1,802	134	20	-
BISHOP MONKTON	2,186	176	10	-
BISHOP THORNTON	3,136	129	14	9
BRIDGE HEWICK	911	20	8	-
CLINT	1,944	166	10	-
CLOTHERHOLME	644	90	-	-
COPT HEWICK	661	65	14	-
DACRE	5,385	153	-	-
EAVESTONE	1,144	7	-	-
FOUNTAINS EARTH	6,743	70	8	-
GIVENDALE	849	9	-	-
GRANTLEY	773	40	-	-
GREWELTHORPE	3,455	139	12	-
HARTWITH-CUM-WINSLEY	5,363	302	61	-
HIGH & LOW BISHOPSIDE	6,361	635	116	-
KIRKBY MALZEARD	3,483	190	25	-
LAVERTON	8,508	79	-	-
LINDRICK-WITH-STUDLEY ROYAL AND FOUNTAINS	1,569	26	-	-
LITTLETHORPE	2,278	113	12	-
MARKENFIELD HALL	597	5	-	-
MARKINGTON-WITH- WALLERTHWAITHE	3,565	167	42	-
MENWITH-WITH-DARLEY	2,861	195	28	-
NEWBY-WITH-MULWITH	796	16	-	-
NORTH STAINLEY-WITH- SLENINGFORD	4,245	101	36	-
NUNWICK-CUM-HOWGRAVE	820	8	4	-
SAVLEY	2,934	73	-	-
SHAROW	643	67	6	-
SKELDING	990	6	-	-
SKELTON	927	74	18	-
STONEBECK DOWN	12,508	67	-	-
STONEBECK UP	12,511	54	-	-
STUDLEY ROGER	988	40	-	-
SUTTON GRANGE	1,022	10	-	-
THORNTHWAITE-WITH-PADSIDE .	3,475	43	-	-
THRUSCROSS	6,529	23	-	-
WARSILL	1,030	14	-	-
WINKSLEY	730	32	8	-
TOTAL	124,851	3,886	452	9

SECTION E

MILK SUPPLY

All dairies within the district are inspected at regular intervals and, in general, the standard of handling and supply of retail milk is satisfactory. Two wholesale dairies in the area are registered for the pasteurisation of milk and inspections of these premises are also carried out. These dairies have again produced cheese and butter for local consumption. Milk from premises registered with local authorities is also delivered to the area.

MEAT AND OTHER FOODS

At the present time there are two slaughterhouses in the district licenced under the Slaughterhouse (Hygiene) Regulations, 1958, and the Slaughter of Animals (Prevention of Cruelty) Regulations, 1958.

The quality of meat slaughtered for human consumption in the district has continued to be of a very high standard and regular inspections of all animals slaughtered have been carried out. The following table gives details of slaughtering during the year:-

Cattle	300
Cows	2
Calves	13
Sheep	715
Pigs	371

Regular inspections are also made at the premises where food is sold or made up, and whilst the general standard of cleanliness is reasonably good there is still room for improvement, although it has been noticed that the shop-keepers and people in the catering trade are becoming more hygiene conscious.

The usual quantity of tinned foods were condemned during the year as unfit for human consumption.

CARCASES AND OFFAL INSPECTED AND CONDEMNED IN WHOLE OR IN PART

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
No. killed	300	2	13	715	371	-
No. Inspected	300	2	13	715	371	-
<u>All diseases except Tuberculosis and Cysticerci</u>						
Whole carcasses condemned	-	-	2	2	1	-
Carcases or which some part or organ was condemned	35	-	-	1	2	-
Percentage of number inspected affected with disease other than tuberculosis and cysticerci	11.06%	-	15.38%	0.42%	0.88%	-
<u>Tuberculosis only</u>						
Whole carcasses condemned	-	-	-	-	-	-
Carcases of which some part or organ was condemned	-	1	-	-	5	-
Percentage of the number inspected affected with tuberculosis	-	50%	-	-	1.32%	-
<u>Cysticercosis</u>						
Carcases of which some part or organ was condemned	-	-	-	-	-	-
Carcases submitted to treatment by refrigeration	-	-	-	-	-	-
Generalised and totally condemned	-	-	-	-	-	-

SECTION F

PREVALENCE AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.
Number of cases originally notified during the year ended 31st December, 1962, and of final numbers after correction of diagnosis, etc.

	Scarlet Fever		Whooping Cough		Acute Poliomyelitis			Measles excl. Rubella			Diphtheria	
	M	F	M	F	M	F	Non Paralytic	M	F	M	M	F
Nos. originally notified:												
Total (all ages)	1	2	3	4	-	-	-	-	71	62	-	-
Final nos. after correction:												
Under 1 year	-	-	1	-	-	-	-	-	4	1	-	-
1-2 years	-	-	2	1	-	-	-	-	21	8	-	-
3-4 "	-	-	-	1	-	-	-	-	18	20	-	-
5-9 "	1	-	-	2	-	-	-	-	26	28	-	-
10-14 "	-	2	-	-	-	-	-	-	2	3	-	-
15-24 "	-	-	-	-	-	-	-	-	-	1	-	-
25 and over	-	-	-	-	-	-	-	-	-	1	-	-
Age unknown	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL (all ages)	1	2	3	4	-	-	-	-	71	62	-	-

PREVALENCE AND CONTROL OVER INFECTIOUS AND OTHER DISEASES - continued.

	Acute pneumonia			Dysentery			Smallpox		Acute Encephalitis				Enteric or Typhoid Fever	
			M			M			Infectious		Post infectious			
	M	F		M	F		M	F	M	F	M	F	M	F
Nos. originally notified:														
Total (all ages)	3	7		-	1		-	-	-	-	-	-	-	-
Final numbers after correction:														
Under 5 years	-	1		-	-		-	-	-	-	-	-	-	-
5-14 years	1	-		-	1		-	-	-	-	-	-	-	-
15-44 "	-	4		-	-		-	-	-	-	-	-	-	-
45-64 "	1	2		-	-		-	-	-	-	-	-	-	-
65 and over	1	-		-	-		-	-	-	-	-	-	-	-
Age unknown	-	-		-	-		-	-	-	-	-	-	-	-
TOTAL (all ages)	3	7		-	1		-	-	-	-	-	-	-	-

PREVALENCE AND CONTROL OVER INFECTIOUS AND OTHER DISEASES - continued.

	Paratyphoid Fever		Erysipelas		Meningococcal Infection		Food Poisoning		Other notifiable diseases	Original Notification		Final Nos.	
	M	F	M	F	M	F	M	F		M	F	M	F
Nos. originally notified:													
Total (all ages)	-	-	-	2	-	-	-	-	Puerperal pyrexia	-	-	-	-
Final nos. after correction:									Ophthalmia Neonatorum	-	-	-	-
Under 5 years ..	-	-	-	-	-	-	-	-	Malaria (Contracted in Eng. & Wales)	-	-	-	-
5-14 years ..	-	-	-	-	-	-	-	-					
15-44 " ..	-	-	-	-	-	-	-	-					
45-64 " ..	-	-	-	2	-	-	-	-					
65 and over ..	-	-	-	-	-	-	-	-					
Age unknown ..	-	-	-	-	-	-	-	-					
TOTAL (all ages)	-	-	-	2	-	-	-	-					

SCARLET FEVER

There were three cases, giving a notification rate of 0.22 per 1,000 population.

WHOOPING COUGH

Seven cases were notified, compared with three in 1961

MEASLES

133 notifications were received, giving a notification rate of 10.05 per 1,000 population. It is noteworthy that the Pateley Bridge area was not affected by the disease.

PNEUMONIA

There were 10 notifications.

DYSENTERY

There was one case in a residential school during the summer.

TUBERCULOSIS

Three new pulmonary cases were notified during the year.

Details from the register are given below:-

	MALES		FEMALES		TOTAL
	Pul-monary	Non Pul-monary	Pul-monary	Non Pul-monary	
Number on Register 1st January, 1962	13	1	12	4	30
New notifications, 1962	2	-	1	-	3
Number restored to register having been removed in previous quarter	-	-	-	-	-
Cases brought to notice otherwise than by formal notification ..	-	-	-	-	-
Number removed from Register, 1962 ..	3	-	6	1	10
Number on Register, 31st December, 1962	12	1	7	3	23

AGE AND SEX OF NEW CASES AND DEATHS FROM TUBERCULOSIS, 1962

AGES	NEW CASES				CASES REMOVED FROM REGISTER DUE TO DEATH			
	MALES		FEMALES		MALES		FEMALES	
	Pul-monary	Non Pul-monary	Pul-monary	Non Pul-monary	Pul-monary	Non Pul-monary	Pul-monary	Non Pul-monary
0- 1	-	-	-	-	-	-	-	-
- 5	-	-	-	-	-	-	-	-
-15	-	-	-	-	-	-	-	-
-25	1	-	-	-	-	-	-	-
-35	-	-	-	-	-	-	-	-
-45	-	-	-	-	-	-	-	-
-55	-	-	1	-	-	-	-	-
-65	1	-	-	-	-	-	-	-
65 & over	-	-	-	-	-	-	-	-
TOTAL	2	-	1	-	-	-	-	-

